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Supported by Title VI funds, this study focuses on the kind and extent of help recommended for handicapped children, specifically in one Regional Educational Service Agency (RESA X) in Iowa. Three major considerations were: (1) How should RESA X relate to local school districts in developing programs for exceptional children; (2) What aid can RESA X provide local school districts to improve their special education offerings?; and (3) How should RESA X organize to carry out its special education role? The report concludes that RESA should strengthen local school districts and enhance their self-sufficiency. Three kinds of help are needed: (1) help in dealing with managerial problems, (2) help to establish and operate programs for exceptional children, and (3) help in providing pupil services. Finally, it was recommended that RESA should establish a Division of Special Education and Pupil Services. It should appoint a Director for that Division, and also set up a Child Study Center with the Director. (Author/KP)

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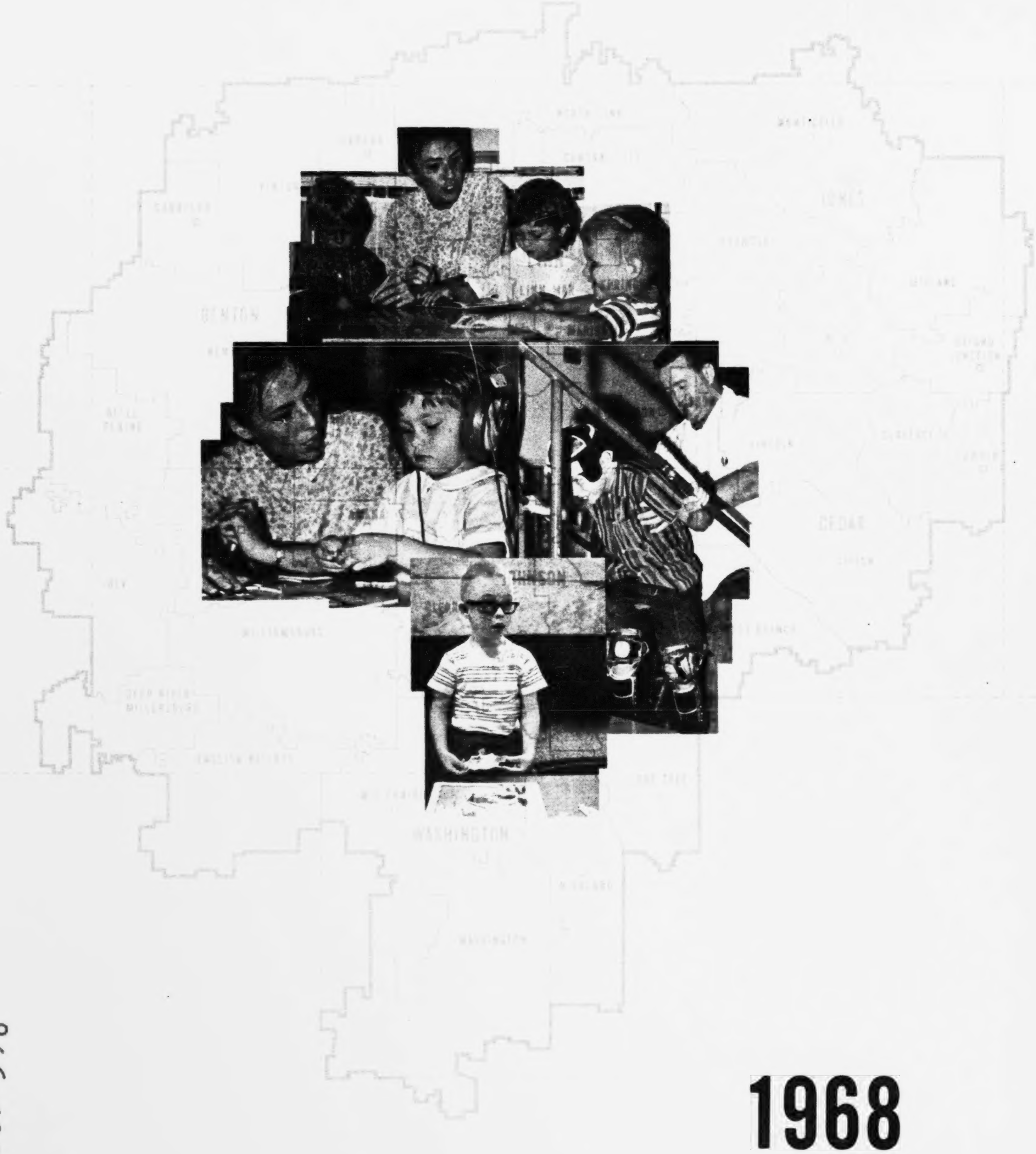
SPECIAL EDUCATION and PUPIL SERVICES in RESA X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SPECIAL EDUCATION and PUPIL SERVICES in RESA X

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SPECIAL EDUCATION AND PUPIL SERVICES IN RESA X

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INTRODUCTION

Handicapped children should be getting special help at school. They become better students and citizens when help is provided. This is understandable and has been demonstrated in countless schools throughout the nation. Not so clear, however, is what kind and how much help is needed. These questions provide the focus of the study reported in this bulletin. More specifically the study and this report are concerned with what one school organization, RESA X, should be doing to help.

"RESA" means Regional Educational Service Agency. Throughout the bulletin this intermediate school agency will be referred to by that abbreviation. RESA X (10) is one of sixteen possible county board of education mergers made possible by the Iowa legislature.[1] These mergers were clarified in an early draft of a policy statement of the Iowa Department of Public Instruction. In part it recommended:

> . . . the middle echelon of school government, the county school system, should be enlarged and strengthened to furnish educational programs and services that school districts now and in the future will be unable to provide economically or effectively.
>
> The State Board of Public Instruction believes that all multi-county regional educational service agencies in Iowa should be developed in agreement with . . . Guidelines so as to encourage a logical, systematic and operational network of 'Joint County Systems' or 'Regional Educational Service Agencies' capable of providing comprehensive high quality specialized educational programs and services with efficiency and economy.[2]

Prior to this statement, merged county units had already been established for purposes of organizing community college districts. In essence the State Department of Public Instruction was encouraging county school board mergers to follow geographic lines already established for those community college districts. This meant that the RESA designated number X should be made up of the seven counties which comprise the Area Ten Community College District (Benton, Cedar, Iowa, Johnson, Jones, Linn, and Washington). Although, at present only four of these (Cedar, Johnson, Linn, and Washington) have merged, this study encompasses all seven and was written as if RESA X were operational in its originally proposed form.

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[1] House File 553, Chapter 234: Merger of County School Systems, Acts and Joint Resolutions of Sixty-first General Assembly (Des Moines: State of Iowa, 1965).

[2] Iowa State Department of Public Instruction, "A Policy Statement of the State Board of Public Instruction on Joint County Systems or Regional Education Service Agencies for Iowa," Iowa State Department of Public Instruction, mimeographed, 3 pages, 1968.

A full understanding of the RESA concept can be achieved by referring to The Multi-County Regional Educational Service Agency in Iowa.[3] This four volume report is a comprehensive analysis of the place of multi-county boards in the Iowa scheme of public education. It provides a solid foundation of principles which were helpful in forming the recommendations for special education contained in the present study.

The Study

The present study was supported by funds made available through Title VI of the Elementary and Secondary Education Act which deals specifically with the education of handicapped children. Under this title a planning and coordinating committee was established in the RESA X area. It was formed to assist the State Department on the dispersal of the Title VI funds. Plans for this study were inititated by officials of the Linn County Board of Education and submitted to the committee. The committee decided the study as proposed should be undertaken.

Mr. Rex Shaffer was appointed Project Coordinator and led in the effort to develop the proposal that was ultimately accepted by the Linn County Board of Education, the RESA X Board of Education, and endorsed by the State Department of Public Instruction.

The study was to be concerned with the role of the anticipated merged county unit (RESA X) in meeting the needs of handicapped children. The report was to include statements to clarify responsibility for planning, financing, and operating programs and services for these children. Existing provisions in the seven-county area were to be evaluated with needs and priorities recommended.

Dr. Donald G. Ferguson, Associate Director of the Interprofessional Research Commission on Pupil Personnel Services (IRCOPPS) was employed to direct the study, and Dr. J. Donald Monroe was designated assistant director.

Basic to the study is the belief that schools do not operate in isolation but as part of the community. In addition to educators, there are many lay and professional citizens who can help handicapped children. Many hold positions of responsibility in other agencies of the community that share in providing for handicapped children. Recognizing this, the project staff consulted widely, asking those interviewed what they saw as areas of need where RESA could contribute solutions. Among those interviewed were leadership personnel in several private and public centers. For example, the staff talked with Mr. Edward Hanlon, Executive Secretary for the Linn County Association for Retarded Children, and Mr. Warren L. Van Eschen, Head of the Linn County Office of Vocational Rehabilitation. Several professors from the University of Iowa representing different departments were consulted: Dr. Clifford Howe, Chairman of the Department of Special Education; Dr. Kenneth B. Hoyt, Chairman of the Department of Guidance and

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[3] E. Robert Stephens, et al, The Multi-County Regional Educational Service Agency in Iowa (Iowa City: The University of Iowa College of Education, The Center for Research in School Administration, Vol. I, II, III, IV, 1967).

Counseling; and Dr. E. Robert Stephens, The Iowa Center for Research and School Administration. Additional consultation was sought from school officials of districts within RESA X as well as from surrounding RESA units where special education programs were in operation.

Much of what is recommended grew out of conversations with these people. Their counsel was sincere, intelligent, and realistic based on a knowledge of the communities and school districts within northeast Iowa. In addition, much of what is presented reflects the thinking of authorities on special education from all across the nation. The project staff having carefully analyzed the literature on special education and having previously visited programs reputed to be the "best" in the country applied their knowledge to the conditions which prevail in RESA X.

The Report

The results of this study distill into three major considerations or three questions which the report will answer, perhaps more accurately stated, about which the staff will present its judgments and recommendations:

1. How should RESA X relate to local school districts in developing programs for exceptional children?
2. What aid can RESA X provide local school districts to improve their special education offerings?
3. How should RESA X organize to carry out its special education role?

Chapters I and V respectively are devoted to the first and third questions. The second is discussed in three separate chapters (II, III, IV) because many considerations are involved. A summary chapter provides a brief review of the study and a condensation of the recommendations.

CHAPTER I

RESA'S ROLE IN STRENGTHENING SPECIAL EDUCATION PROGRAMS

Iowa operates an excellent educational program based on very systematic policies and considerations. The State Department of Public Instruction is part of that system as are the 455 local school districts and newly created Regional Educational Service Agencies. Each of these has specific jobs to do to make the task of educating children operate smoothly and effectively.

Clarifying RESA's role in this system, particularly with regard to special education, is the task in this present chapter. More specifically, two fundamental questions are considered:

1. What should be the relationship of RESA with the local school districts it serves? and,

2. How can RESA make help available?

Where Does RESA Fit In

When people have common goals they depend on one another to get a job done. Their relationships with one another must be understood. A football team, partners in business, a teacher and her pupil all accomplish their mutual goals only through working together as a team. Each member has a certain load to carry; if one is not clear on how he depends on the other or about the ways in which his actions affect the teamwork, the results are disappointing.

The team in this present discussion is made up of the forty-one local school districts which work together with RESA X. Perhaps the best and simplest way to clarify the overall relationship is to state two fundamental principles:

Local School Districts are Responsible for (Providing) Programs of Education to Serve the Needs of All Children Who Live Within the District

Regional Educational Service Agencies are Responsible for Strengthening and Facilitating Local School District Efforts to Provide Educational Programs for Exceptional Children

This is the essence of the relationship between the two members of this team. The local district carries the ball. RESA provides whatever is necessary to help the local district reach the goal.

Providing high quality education geared to the needs of all children is an awesome task. If all children were alike and learned the same things in the same way at a common rate of speed, the task would not be nearly so difficult; but, the facts are that they do not. On the contrary, in the final analysis children do not learn as a group. Learning takes place in each child. Children can be taught as a group but the purpose of education is learning, not teaching, and the goals are measured by what happens to the child.

Some children are very talented in learning; it comes naturally. Others have great difficulty, and so the school's job of providing for all of these children is complex. Experience has shown that a school district does not do the job alone as effectively as when it has dependable help. In a sense, a school is like a teacher; she has primary responsibility for educating the child within the classroom but is dependent upon many co-workers. By way of illustration, a third grade teacher assumes that the first and second grade teachers did their jobs well, that the administration will make sure she has a comfortable room in which to work and materials provided to do the job. She relies upon instructional consultants and others on the educational team. All share common goals and all are intended to facilitate her effectiveness as a teacher of third grade children.

Perhaps a local school district could be optimally effective if it had unlimited wealth, its leaders were omniscient, and its pupil population completely predictable; but since none of these is the case, any district can use help. The local school does not always have a large enough pupil population to make certain kinds of programs feasible or at times even possible. Certain specialized personnel are not always going to be available on a district level. They are too scarce for every district to have one. Finally, experience has shown that school districts profit from outside consultation in planning and evaluating. Again, to call upon the classroom teacher for a parallel: her perspective is often improved when someone not quite so close to the children listens to her concerns, makes suggestions, and helps appraise whether what she is doing is working out. The old adage does seem appropriate; one can be so close to the trees to lose sight of the forest.

RESA fits in as a facilitator. Certain ministerial functions have been assigned to RESA by the State Department of Public Instruction in its relationship with local school districts, but the essence of the relationship is cooperative, not legal. RESA consultants must have something to offer that is needed by local districts in order to be of any value. The interactions then between RESA and its constituent local school districts can be seen in the questions, "What do locals need?" and "What is RESA able to provide?"

Helping someone has the effect of contributing either to their independence or dependence. The attitude and belief of the giver in a large measure determines which it will be. It is imperative that all parties are clear on this point. Therefore, it is recommended that the governing principle be: RESA's facilitating efforts are intended to increase the self-sufficiency of local school districts.

A great variety of help can be given to local districts. These will be elaborated upon later, but in all cases and without exception, what is done is intended to help the district to help themselves. This seems to be what the State of Iowa intended when it placed responsibility for education in the local district and established intermediate units for support. It seems to be what local school officials and citizens want, although admittedly it would be easier at times to let somebody else do the job. The principle is the foundation stone upon which the authors of this report based their recommendations.

What is the option--to increase the local district's dependence upon RESA? RESA could go into the business of "running programs" and take the responsibility and worry off the shoulders of local school officials. Some claim this is the way it should operate. "Local officials," they say, "would be happier if they didn't have to worry about the blind children in their district, or the severely retarded." To continue the analogy of a third grade teacher, some would claim that she would prefer to get rid of her "problem children." Life would be a lot easier. The children might get a better education if they were with someone who really wanted them, whose job it was to work just with those who have problems.

It will appear, at times, to the uninformed observer, that RESA is operating programs that are "theirs" and that they have "taken over." A little searching, however, should always show that the purpose is to "help out" not to "take over."

RESA's involvement with local districts should be a constantly changing one. It will change as the need for help is recognized and as local officials increase in their ability to provide for themselves. At any point in time, the forty-one local school systems working with RESA will require different amounts and kinds of aid. No two districts, like no two children, are alike. Some will be quite self-sufficient calling upon RESA for only limited support. At the other extreme, some undoubtedly will need a great amount of attention, even direction, in meeting the educational needs of their handicapped children. RESA's response should match the call.

Two cautions must be pointed out. RESA should not fail the more independent districts. They too have a right to expect something worthwhile. Indeed, this presents a particular challenge, for there is danger in being so busy helping out the more needy that others are ignored. Our third grade teacher might have to spend most of her time with children who more obviously require help but she dare not lose the ones who seem "able to go it alone."

The second caution relates to those who do not ask for help. They probably need some too. Perhaps they do not recognize their condition, or hesitate to be identified as having problems, or perhaps are just reluctant to ask. The greater danger is that they see RESA as not having anything to offer. The challenge is to RESA's consultants. They must always be presenting themselves and their services so all will know what they have to offer.

Aid Through Direct Service and Demonstration

How can RESA make help available to local school districts? Two approaches are recommended: direct service and demonstration. Both have a common aim, that of increasing the facility of the local school to provide needed services. They differ from one another, however, in the point on the dependency-independency continuum or on the time line at which the help is offered. In direct service RESA provides help which a local district needs and wants but is unable to provide for itself. Local officials know a particular service has value, even how it should operate, but do not have the resources. Demonstration, in contrast, would be providing a program for districts which are not convinced of its value or for those that want one but do not know how it should operate.

Work study programs for educable mentally retarded adolescents provide a good example of direct services. All agree that such programs are worthwhile. Through them EMR students can be helped to develop employable skills. They can be helped to become self-sustaining, contributing members of society. But, school men agree, you cannot run a good work study program within your regular high school curriculum. More shop and more home economics courses do not do the job, and these youngsters are not eligible for Trade and Industrial Education or Distributive Education programs. "We know a special program is called for," they claim. "We even know how to do the job but do not have the resources."

These programs require a coordinator to develop relationships with employers and to tie together what the student learns on the job with what is going on in the class. Also, someone must help the community understand the value of the program and show teachers how it relates to their work.

In addition to the expense of specialized personnel a new class means purchasing special equipment, finding space, and working out difficult transportation problems. Finally, not every district has enough children who need such a program to go it alone. There might need to be arrangements involving several districts.

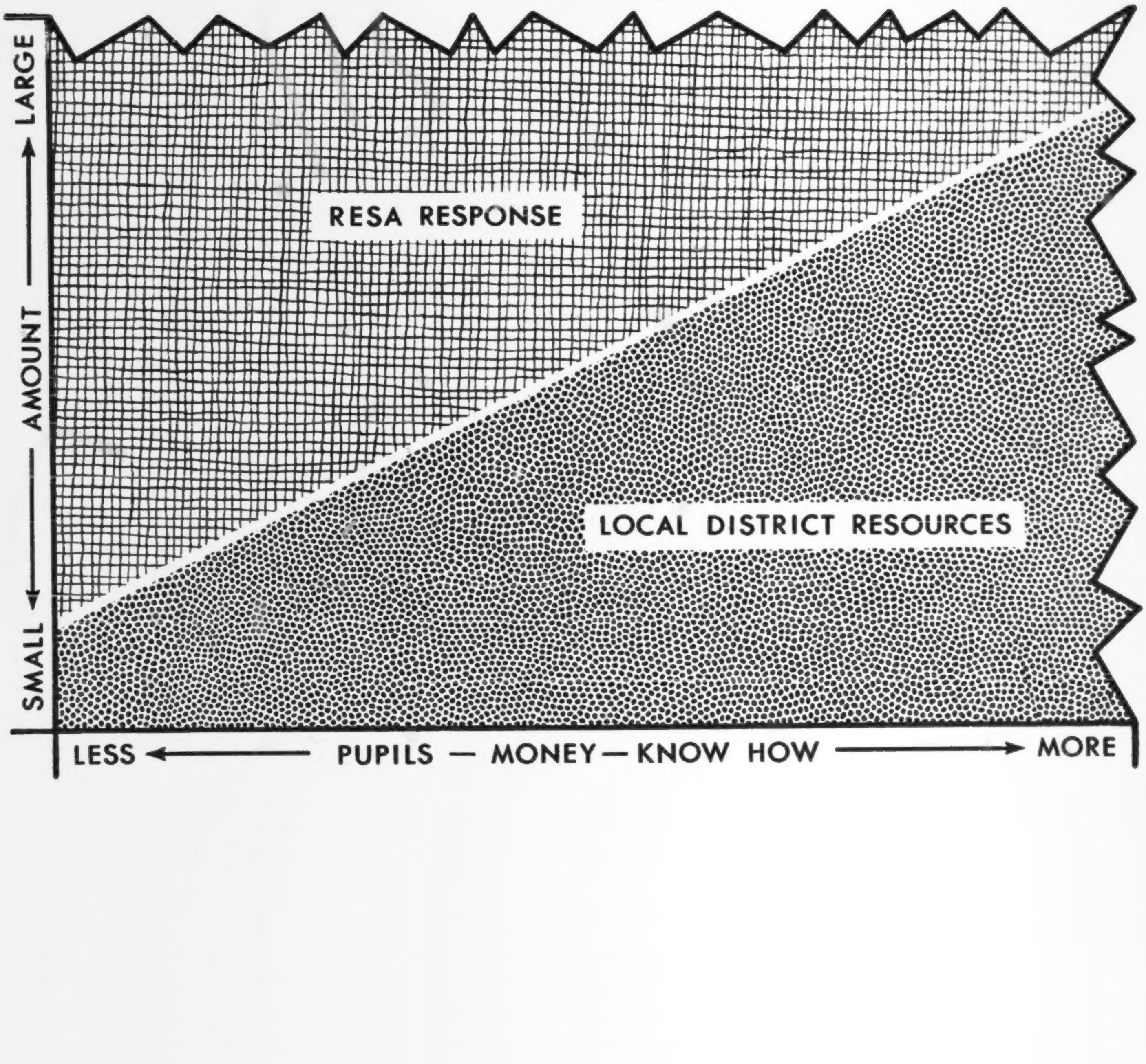
RESA can make the difference between getting a work study program started and having none. They should be available to help plan, to arrange for staff, help finance, and to coordinate the program for one or a group of districts until such time as local officials are able to take over responsibility, probably on a gradual basis.

Demonstration also involves giving some direct service but for different reasons. The district that is not convinced of the merits of a program or perhaps is unaware that anything can be done to provide for some handicapped children needs to be shown. A skeptic might ask, for example, "Who needs a psychologist? We have done all right without one so far. What would he do for our school that is really worthwhile? Even if we did want one, we are told that they are expensive and hard to locate. If we got one, we are not sure how to keep him busy. We don't have many children who need a psychologist."

Demonstration is also intended to help districts that recognize a problem but do not know how to solve it. An example is that of providing for children with specific learning disabilities, a relatively new area of special education. Few presently employed administrators have had much experience with programs for these children. They know there are youngsters who need special arrangements for they constantly hear the teacher's plea for help. Only within the present decade, however, has it been demonstrated that there are things that can be done that will help--the result is to give the child a better education, cut down on his distracting influence in class, and even improve his behavior at home.

Before any district embarks upon a program in the area of specific learning disabilities, it is a good idea to see one work. This is where RESA can perform a valuable service. They can establish demonstration programs. Eventually, local officials might choose to set up their own. RESA could continue to provide help--a great deal at the beginning and less as time passes.

The following diagram is intended to clarify this relationship between RESA and local districts and the ways in which RESA might have an impact on meeting local needs in special education.


LARGE
AMOUNT
SMALL
RESA RESPONSE
LOCAL DISTRICT RESOURCES
LESS
PUPILS — MONEY — KNOW HOW
MORE

CHAPTER II

WHAT HELP DO LOCAL DISTRICTS NEED

MANAGERIAL

What help do local districts need? Throughout the course of the study this question was asked of many individuals and groups representing local school districts. It became very clear that different districts need different kinds of help, and that some need much more than others. An Analysis of what was discussed, coupled with the knowledge of what some of the best programs in the country are offering, pointed to three categories of help which RESA might provide:

Educational programs for exceptional children
Pupil services to back up those programs
Managerial services

Educational programs and pupil services are dealt with later in separate chapters. Here, the focus will be on managerial service through a discussion of five examples:

Financing
Staffing
Planning and evaluation
Parent education
Community agency coordination

Financing

More often than any other factor, lack of money stands in the way of a district doing what it wants to. The need for additional money seems to be a universal problem in education. Since American education is paid for largely by property owners, a district is apt to be in financial difficulty if it does not have enough property to tax or if its assessed valuation per school child is low.

To illustrate this latter situation, a large district with many taxable properties may have large families. A difficulty in this district occurs not only because of low per-pupil revenue, but also because such districts often have disproportionally large numbers of children who require special programs; for example, the inter-city district or low-income bedroom community. In the case of not having enough property to tax, the problem is compounded because it often means having so few children in school that some desirable programs become too expensive to operate.

RESA was established in part to deal with these difficulties. On one hand, through a nominal tax on all property throughout the area it can equalize, in some measure, differences between wealthy and poor school districts. Also, being able to plan on the basis of 80,000 children (estimated population of the seven counties) means that even in the lowest incident disability categories there are enough children to reduce the per-pupil cost to a reasonable amount.

By way of illustration, it costs approximately $10,000 to educate one blind child per year taking into account the teacher's salary, space and equipment, and transportation--a prohibitive figure for any district. In contrast, to educate five blind children the cost might only increase by a few hundred dollars for materials and some additional transportation. One teacher can work with five children quite adequately and now the per-pupil cost has been reduced 80% and is no longer prohibitive.

It should be cautioned that this discussion is not to imply that RESA revenue is unlimited. Its money, after all, like that spent on education in local districts, comes from Area Ten taxpayers. RESA, like the local, is accountable to those citizens for the prudent use of funds.

Two principles should govern the relationship of RESA and local districts in financing special education: excess cost and gradual reduction of commitment.

The Excess Cost Principle

This principle would be applicable in most instances where RESA is providing financial support to local school districts. It might also be characterized as a shared cost formula. To operate a cooperatively-financed program, each local district would contribute an amount equal to its average per-pupil cost for each child in the program. This would be augmented by funds available from the state, to be applied for by the district operating the program. The total of these sources combined would be subtracted from the total cost of the program. The difference would be RESA's contribution.

This principle is perhaps most clearly seen in an example where several districts have joined together to provide a program for retarded children. The class naturally would be located in one of the districts which, in addition to space, would provide for staff and all necessary material and equipment. Let us call them District A. District B and C would each send children to District A for their program. Each would reimburse District A on the basis of their (B and C) average per-pupil cost. District A would apply for state reimbursement on all children in the class according to state formula.* Finally they would submit a bill to RESA for the difference between the actual cost of the program and what they received from the local districts and the state. One value in using this approach to the excess cost concept is that RESA contracts with only one district, and only one district applies to the state for reimbursement.

A second way (although, in the judgment of the authors, a less efficient one) in which the excess cost concept can be applied is as follows. The district providing a program for children from several districts can determine the total cost of the program and assess each district its proportionate share. Proportionate share for any district would be determined by dividing the total cost of the program by the total number of children enrolled, multiplied by the number of children that district had in the program. Each district would be responsible for applying for state special education reimbursement for whatever children it had in the class. The state formula sighted in the above example would be used. Each district would combine its own overage per-pupil cost with the reimbursement from the state, subtract this from the total amount the program cost them, and RESA would contribute the difference.

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*Presently this formula is $\frac{\text{Teacher Salary + 1/3 Same}}{\text{ADM (24 for Elem. Classes)}} \times \text{No. of Children in the Class}$

The disadvantage of this application of the excess cost formula in comparison with the first relates to its being more complicated. It does, however, have some advantages. A local district, in having to arrange for reimbursement from the state and from RESA, becomes impressed with the high cost of educating these youngsters. A second advantage is worth noting. If one assumes that the district in question is sending children with different disabilities to several cooperatively run programs in different districts, RESA could provide a single contract covering all children involved. This means RESA focuses its attention on the districts with basic responsibility for educating the child.

Arrangements such as these should be carefully planned in advance and translated into contracts. Certainly in dealing with the diversity of needs which exist there would be exceptions to the simple outline just presented which should be reflected in contracts. For example, some might prefer to establish a flat per-pupil cost rather than to deal on the basis of each district contributing according to the local formula. Furthermore, it might appear wise to RESA officials in exceptional instances to contribute more heavily than an excess formula would indicate. For example, there will probably be instances of reluctance to participate on the part of a district, but where RESA might gamble that a year or so of free or nearly free service might make the difference. Or there might be times when RESA, in order to give leadership through an experimental effort, will be dependent upon children in local districts and the cooperation of local district officials, thus being willing to increase their own burden of expense.

Gradual Reduction Principle

A second important consideration is, to what extent should RESA continue financing programs after they have become accepted, have proven their worth, and perhaps are seen as a standard part of the local district operation? The principle recommended is that in such cases there should be a gradual reduction in RESA's involvement, negotiated of course, and on a basis agreed upon by both parties.

For example, many districts are convinced of the value of programs for elementary school educable retarded children, are capable of financing their own programs, and prefer being independent of RESA. Another illustration might be in the pupil services area. As districts become staffed locally or through arrangements with cooperating districts, there will be less dependence upon RESA for support.

A primary reason for recommending this course of action relates as mentioned earlier to the finite nature of RESA's income. RESA's value to local school districts in a large measure is going to be dependent upon having flexibility to help in developing new programs and to experiment with new ideas in providing better education for exceptional children, all of which costs money. To finance new operations RESA will have to depend upon having certain commitments reach a stage of maturity allowing funds to be reallocated. Furthermore, this principle is recommended in order to be consistent with the basic recommendation to encourage the independence of local districts.

Staffing

To operate good programs means employing competent people. This is perhaps the single most important requirement in running a good educational program. Experience has taught that there is little point in doing something if you cannot do it well; without the right people providing special education programs and services, it will not be done well. People do make the difference. Special education is especially dependent upon having teachers and the back-up staff with specialized skill. Unfortunately they are in short supply and at times expensive.

Staffing is a complicated yet challenging managerial task for it involves far more than just locating qualified candidates and signing them up. In addition to recruitment, questions of assignment, supervision, and staff development require attention.

Recruitment

Local districts employ their own teachers and specialists. This is as it should be. Recruitment, however, might well be assigned to RESA. Recruitment, which is in essence locating and employing qualified candidates for positions usually is most effectively done on a systematic and large scale basis. Many local districts which want to employ specialists have difficulty because they don't know where to find them. Furthermore, recruiting only one or two can be very expensive.

RESA, by arrangements with local districts, could operate a recruitment program on a systematic basis. Certainly schools responsible for 80,000 children will need a large number of new staff and replacements each year and in a variety of areas. Even if the system were serving only a portion of the districts within RESA, cooperation, in all probability would result in more efficient recruitment.

The most effective recruiting system would incorporate developing relationships with training centers for the various kinds of specialties. Personnel men generally claim that developing continuing, not just year by year, relations with training programs pays dividends. You have to give in order to get. Time must be spent, they claim, so that trainers can become acquainted with positive qualities of employment in your schools. RESA specialists might want to extend themselves by giving an occasional lecture, appearing before classes, and in a variety of other ways convincing trainers that the districts represented are good places to have their people. Recruiters might also find it desirable to extend their contacts to include selected out-of-state training centers. Despite high quality programs in Iowa there are not enough graduates to meet all needs. Also there is merit in recruiting a percentage of personnel from good out-of-state programs. Again, to know where the good ones are means keeping informed.

One technique which helps in recruitment is to cooperate with universities in providing field placements for their students. There are within easy driving distance of RESA several excellent universities with whom such arrangements in special education should be explored. RESA and several of its constituent local districts in the near future could be offering internships and practice teaching settings for prospective teachers of exceptional children. Such arrangements, however, are invariably conditional upon having a good staff and a good program as a basis for cooperation with the university.

Assignment

Staff employed by a local district obviously are assigned by that district and responsible to the administrators within the district: no problem. What about instances of joint employment where two or more districts combine to employ, for example, a speech therapist. How should assignments be made when RESA is one of the cooperating employers? Here again, no difficulties need occur if some simple principles are applied. Generally, cooperating districts would work out their own assignment questions, but RESA would be available to provide help if called upon. In instances where RESA is one of the employers, agreements simple in nature yet explicit should be worked out in writing. A final principle to observe is that when a RESA employee is assigned to work in a local district, he is under the administrative supervision of officials in that district.

Staff Development or Professional Supervision

Improving the competence and the effectiveness of special education and pupil services staff should be a major concern of RESA. Its chief contribution to some districts, the more self-sufficient ones, could well be through this service.

Staff development is a rather recent innovation in education as well as in other professions. Formerly, it was believed that a person having reached professional status as a teacher, a doctor, or lawyer was prepared for practice. Everything is changing so fast that the specialist today who relies on what he learned in his basic preparation is out of date. To maintain competence and keep up to date special education teachers depend on in-service education. Furthermore, it is generally agreed that universities cannot do the in-service job alone. Much of the on-the-job preparation should be provided in a field setting through conferences and seminars which focus on local problems.

Finally, of relevance to the recommendation that RESA offer a high quality staff development program is the modern view on how to measure an effective professional person. When being well prepared was dependent on having the right degree and the right certificate, a person's qualifications were obvious. He either had them or did not. Increasingly, in the modern school, competence is being measured by performance. The person who comes to work with the proper credentials but who learned to do the wrong things is no longer regarded as competent. He might have many of the qualities and skills necessary to be effective but will need to be "seasoned." This process, commonly known as staff development, requires an investment in personnel, for one cannot contribute to another's development if he is not competent himself; nor can a person be helped to develop just by leaving him alone. A carefully planned program of staff development carried out by experienced RESA consultants is strongly urged.

To be effective a staff development system must bring about change. New approaches and techniques must be fed through the system to staff as they are made available to the profession. After all, staff development implies supplanting old, less-useful methods and approaches with more appropriate ones. A comprehensive discussion of what should be incorporated in such a program is beyond the scope of the present study, but a few suggestions seem in order.

Developing Area-Wide Associations of Specialists.

Special education teachers, like their colleagues in regular classrooms and like administrators, benefit from getting together with peers to plan and share ideas. People grow professionally from this sort of an experience, and they contribute to solving mutual concerns. A superb example is the SECDC* program for curriculum construction in special education. This program, headquartered at the University of Iowa, provides an opportunity for teachers of the educable mentally retarded to work together preparing curriculum materials and to test out their ideas in the classroom.

The need for professional development groups is even greater in the pupil services specialties area since, unlike teachers, psychologists and social workers represent professions not native to the schools; their basic discipline is not education although their practice is. Many of the ideas and innovations on which they depend in keeping up to date originate outside of their own school setting. Furthermore, the psychologist serving in a local district can feel quite isolated if he does not have the opportunity to meet occasionally with others who have common professional concerns. He could lose his uniqueness and over time be less effective because of having nothing new to bring by way of ideas, services, and skills. Meetings of regional associations of specialists would provide professional stimulation and for the sharing of ideas. RESA should sponsor these meetings as a staff development service.

Supporting Attendance at State and National Conventions.

As always local districts will want to provide for staff attendance at meetings of state and national professional organizations. Most boards of education, however, must of necessity limit this expenditure. RESA could help out; even a little help might bring substantial rewards. Possibly through local professional associations RESA might make some funds available for selected participation in national meetings. It would supplement local effort and encourage specialists who should be extending themselves in this regard. Being in a position to observe and compare, RESA more reliably than any local district could spot instances where a little extra help would produce extra effort.

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*Consult Edward L. Meyen, Director, Special Education Curriculum Development Center, The University of Iowa, Iowa City, Iowa.

Developing Project Proposals for Staff Development.

The United States Congress, in establishing the Education Professions Development Act, placed special emphasis on training educational professionals. Much of what is recommended and funded in that legislation relates to in-service staff development. Money through the years will be made available to local school districts and agencies such as RESA for building staff. EPDA is only one of many sources of funds to help schools upgrade their personnel. Usually proposals requesting funds must be written, and here RESA could perform a major service. Their consultants should keep informed about where and how outside funds might be obtained and in cooperation with local administrators and specialists seek support. Aid could be made available to provide short courses, seminars, and guest lecturers, even to expand the existing Title II project to include additional media and a professional library in special education. The director of that project has already taken steps in this direction.

There are many examples of school districts which have improved the quality of their services to children by taking advantage of opportunities to provide special help for their staff. One outstanding creative effort is RESA X's own Title III project which, although not in special education and pupil services, is a prototype of what can be done.

Planning and Evaluation

Good education programs do not just happen; they are planned for. Neither is evaluation to be left to chance or it will not get done. School people realize the value of careful planning and evaluation, but too often are preoccupied with "squeaky wheels," consequently these phases of management "get put off."

The process implied in planning, developing, and evaluating has been described as the change process. Change will occur whether it is directed or simply left to chance. In one case the people involved are followers and in the other leaders. The assumption in this report is that RESA is being asked to take a leadership role, therefore, to pay attention to the change process.

In attending to the change process for special education, RESA should establish a system or paradigm to include planning, developing, and evaluating programs. It should be made available to local districts who might choose to participate in any of its parts or in the total system. By way of example, a RESA consultant would work with local officials planning a program for children with specific learning disabilities.

Initially the focus would be on goals; what would they hope to accomplish? Obviously this phase would require consultation with many people affected by the program and who have a right to participate in discussion of desired outcomes. Actually this is all one process, for goals should be stated in such a way as to be measurable.

The second phase is implementation of the plan. Having decided upon what should result from a program for children with specific learning disabilities and having thought through what should go into it, the task becomes making it operational. Included would be obtaining what is needed by way of resources (money, space, personnel, materials, equipment, and putting the program into operation.)

The third phase, evaluation, focuses on the question, "What is being accomplished, and are the original goals realistic?"

A system for change, although described in terms of phases, is best viewed as a process which is continuous. The phases are not mutually exclusive and they do not have beginnings and ends. In operation they overlap with more than one occuring at any given time. The process is also continuous in that the end product of evaluation is more planning, leading to refinements in implementation. A parallel can be seen in modern industry. Any product marketed by Collins Radio Corporation, for example, is available to consumers only after a great deal of research and development. And, after it is put to use, many questions are raised with regard to effectiveness and to determine whether it is the best possible product to do the job. The results of this appraisal are fed back into the research and development team which continues to improve the product. As stated, developing a change system and having consultants available to demonstrate it is a clear first step. Additionally, they should help construct measurement devices and procedures for program evaluation. At least one consultant should have background in research and measurement.

A second recommendation is that RESA establish an area-wide representative special education advisory council. The present Title VI Planning and Coordinating Committee could be its nucleus. The council should help RESA to develop guidelines for planning, implementing, and evaluating special education programs. Although decisions about what should go into local programs are certainly the prerogative of local districts, guidelines cooperatively developed could prove very helpful. They would give direction to local officials and serve as a stimulus to planning as well. It is not uncommon to find school officials who want to make some changes but, without guidelines on the basis of which to plan, do not always know where to start. Cooperatively developed guidelines would be very helpful to RESA consultants in working with local officials. There is comfort in knowing that the suggestions you make to someone are based on guidelines they helped to formulate. When helping a person find his way, it is helpful if he tells you where he wants to go.

The authors of the present report hope the Council will view the suggestions and recommendations made in this report as a springboard for future considerations in planning and evaluation.

Parent Education

Increasing parent involvement in education, particularly special education, is a fact. Schools generally welcome this change; but whether they do or not, it is occuring. More than ever before parents are realizing that the schools do in fact belong to them. As a well known educator recently stated, "Education is too important to be left to educators."[1] Forward thinking school men in general agree with this belief. They welcome an increased interest on the part of parents. They agree that it should be encouraged and given leadership. It represents a challenge to school leadership.

In special education parents are asking for and are entitled to accurate, up-to-date information about what is being provided for their children and what plans exist. Further, they are calling for help in better understanding problems associated with their child's disability so they can be more effective at home and in cooperating with the school on behalf of their child's educational program. Finally, a concern in this area relates to those parents of exceptional children who even today do not understand what can be done to help their children. They indeed need help.

The challenge to RESA for providing leadership through service and demonstration in parent education implies certain courses of action. For example, RESA could make consultants available to local district officials for presentations to PTA's, child study groups, and councils for exceptional children. Consultants could help initiate parent groups in connection with special education classes. Consultants could help to interpret the district special education needs to lay leadership groups.

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[1] A statement made by Francis Keppel, then Commissioner of the U. S. Office of Education. In Harold Howe II Education...Everybody's Business, (Washington, D. C.: U.S. Government Printing Office, 1967), p.3.

CHAPTER III

WHAT HELP DO LOCAL DISTRICTS NEED-- SPECIAL EDUCATION PROGRAMS

Equal educational opportunity has been the byword in America for many years, and it applies as well to all children living in Iowa. Even though this is basically accepted, special instructional programs have yet to be developed for many handicapped children living in RESA X school districts.

Pressure to develop programs is increasing in the face of strong evidence of the positive benefit of educating or training children with disabilities. Instances of a blind child becoming a successful lawyer or a child with cerebral palsy becoming an expert in data processing are common knowledge. Helen Keller is a specific example. Blind and deaf, she attained status as a noted author and distinguished American. Some adults, who as children attended special class for the mildly retarded, have been successful in semi-skilled and skilled occupations, and as adults cannot be identified as in any way atypical.

The prevailing thought until recent times has been to group handicapped persons in separate facilities so that the services could be efficiently and economically administered. The economy of institutional placement today, however, is being questioned. Handicapped children are staying in their community and at less expense. For instance, the yearly cost of housing, boarding, and training a severely retarded adolescent at Woodward State Hospital in Iowa is four to five times greater than that of operating a program for that child if he stays at home in Cedar Rapids. There are other benefits of operating a local program as well; the disabled child can be part of the community, and his parents can be involved in his life training.

Councils of parents of handicapped children have been primarily responsible for the shift from segregated state operated facilities to accommodations made by local school districts. Another response to the lobbying efforts of these parents has been the strengthening of federal and state laws pertaining to the education of handicapped children which, in turn, stimulated the growth of more and better local programs.

Parental concern, increased federal support, and the greater availability of special teachers have all contributed to the heightened interest one finds in the schools today on behalf of expectional children. Throughout this study the investigators were impressed with the readiness and desire of school people to move forward, with help, in meeting the needs of these children.

The present chapter focuses on the status of provisions being made in the local districts which make up RESA X and on what additional developments seem to be needed. Implied in the discussion of needs is that here RESA should find its opportunity to be of support. Nine areas of exceptionality commonly found in the schools are discussed:

Educable mentally retarded
Trainable mentally retarded

Blind
Partially sighted
Speech impaired
Deaf
Hard of hearing
Behaviorally handicapped
Physically handicapped

Educable Mentally Retarded (EMR)

Approximately two percent of all school children will have great difficulty succeeding in a regular school program because their learning rate for academic subjects is retarded. Within RESA X schools nearly sixteen hundred children will need special attention because of this learning handicap. Such a child's learning rate for school subjects will be fifty to eighty percent of that of an average student.

Difficulties for these children are most evident in academic subject areas. Behavior symptoms sometimes associated with slow learning are often a result of frustration from trying to live up to people's expectations. They are not part of the basic disability but develop in connection with the demands of the school program. For example, a first grade child whose learning ability for school material is essentially that of a four year old faces serious frustrations if people do not understand his limitations. When the child is understood and appropriate academic tasks are provided, he will attain better physical, social, and emotional development. As he grows to adulthood and does not have to compete in intellectual tasks, his handicap is not obvious. He participates in family and community life, has a job, goes to church, and pays taxes.

Special Help Needed

Specially prepared teachers and often special class settings make the difference for these youngsters in the school program. The rate of presentation of subject matter needs to be slower. Teaching materials need to be more factual and specific. EMR pupils require more and closer supervision which means fewer children per teacher.

Experience has shown that EMR children vary in the amount and kinds of additional support which they require. After all, they, like all other children, have unique personalities, with some being highly motivated, others not. For some a little extra time and attention in their regular grade is all that is needed, particularly if the teacher has resource people available. For others, the majority, a specialized curriculum with an EMR specialist teacher is desirable.

Schooling for EMR children should lead to graduation and a diploma but should emphasize work experience in the secondary school.[1] Academics should have a practical flavor, and a great deal of guidance and instruction in self-understanding should be built into the curriculum. Many of these youngsters will need to continue in school and a supervised work setting beyong 18 years of age.

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[1] Iowa State Department of Public Instruction, Division of Special Education, Secondary Education for the Handicapped (Des Moines, Iowa: State Department of Public Instruction, 1967).

Evaluation leading to placement should occur early in the child's school life and should be a team consideration. This committee should also evaluate pupil progress and recommend when such placement is inappropriate or when a child might be transferred out of the special class.

A child in a special EMR class should have many experiences with other children. Complete segregation is undesirable; it is unnatural and teaches an unrealistic view of life. These youngsters are more like than unlike other children and should be treated accordingly. The more we treat them as different, the more they will become different.

Psychological and social work consultants should work closely with EMR programs during the elementary grades with vocational rehabilitation and counseling services being more involved in the secondary program. A speech and audiological consultant and some medical consultation can provide much needed support for teachers. As mentioned earlier, these children frequently have secondary difficulties which can affect their learning. Where consultants are available, these conditions can be identified and program modifications can be made earlier. In many instances they can be treated and remedied.

What Provisions Exist in RESA X Schools and What is Needed

It is estimated that sixteen districts within RESA X place all of their EMR pupils in special classes; twenty-five districts do not. These twenty-five are shown in the table on the following page which depicts the relationship between the estimated number of such pupils in the district and the number enrolled in special classes.

DISTRICTS NEEDING ADDITIONAL SPECIAL CLASSES FOR EDUCABLE MENTALLY RETARDED CHILDREN BASED ON THE ESTIMATED* NUMBER OF EMR CHILDREN IN EACH DISTRICT

	Estimated* Number In District	Number Enrolled In Special Class**
Amana	8	2
Belle Plaine	20	4
Benton	30	8
Cedar Rapids	484	391
Center Point	13	2
Clarence	7	2
Clear Creek	17	5
Deep River-Millersburg	6	1
English Valleys	16	6
HLV	14	6
Iowa City	164	104
Lincoln	16	4
Linn-Mar	44	34
Lone Tree	10	
Lowden	5	1
Marion	52	30
Midland	14	9
Mount Vernon	22	6
Olin	9	4
Solon	16	6
Springville	14	4
Tipton	26	8
Urbana	6	2
Vinton	34	20
West Branch	19	8

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*Based on an estimate that 2 out of every 100 students are educable mentally retarded. This figure is taken from U.S. Office of Education statistics and is considered conservative.

**The numbers in this column represent only those students in special classes and does not include those on waiting lists or those for whom other planned provisions are being made.

Assuming the estimate of the number of EMR children in RESA X school districts is accurate, about 74 percent who need special class placement are so enrolled; 26 percent are not. The estimate should be verified in several districts. If confirmed, steps should be taken to enroll more children in existing classes or to establish new ones as need indicates. In instances where the special education placement committee recommends that an EMR child remain in his regular class, consultation help should be provided for the teacher of that class.

The most pressing needs for expanded programs are in Iowa City, Cedar Rapids, Benton, Belle Plaine, Tipton, West Branch, Lincoln, Mount Vernon, Center Point, Marion, Solon, Clear Creek, and Lone Tree School Districts.

There is considerable need to expand existing work-study programs. Six centers seem to be indicated and six are currently operating. The two serving children in Benton and Iowa Counties are new and will continue to benefit from support. The ones in Washington and Linn Counties appear to be well established. The Linn County program (Cedar Rapids) has been growing steadily and clearly is in need of additional coordination and consultative personnel. The Iowa City program should be expanded to include students from Clear Creek, Solon, Lone Tree, and West Branch. Iowa City should have a work-study coordinator. Students in Clarence, Lincoln, Lowden, and Tipton are not currently provided for in any work-study program and should be. RESA consultants should make themselves available to district officials as soon as possible to plan and arrange some help for these youngsters.

RESA should employ a consultant, and eventually more than one, to assist local schools with placement questions and with program and curriculum development. Initially this position could combine responsibility in both EMR and TMR areas.

Trainable Mentally Retarded (TMR)

Children classified as trainable mentally retarded comprise approximately one-third of one percent of the school age population or about three out of every one thousand youngsters. In Area X, then, there would be approximately 240 such children. TMR youngsters can be recognized by their markedly slow rate of development. They often appear to be immature, dependent, and in general have characteristic physical signs. They are also usually unable to concentrate for more than short periods of time at any any task.

At best TMR youngsters learn only a limited number of skills taught in the typical school program. Few, even as adults, will read beyond the third grade level; but they do benefit from training in self-help, self-expression, and vocational tasks. With help some will learn to function in unskilled jobs under supervision. As adults, TMR's are often placed in sheltered workshops which pay nominal salaries for closely supervised work. Here they contribute to their own support and are helped to become useful, happy citizens. Others, the more severely retarded, may have to be placed in institutions when they are older.

Special Help Needed

Mental retardation is a family and a community concern for which the schools have some rather clear-cut responsibilities. An extensive program of help for the child and his parents is required to meet the needs of the retarded. Included should be medical facilities to provide early diagnosis and continuous treatment when necessary, preschool and school programs, vocational training centers, sheltered workshops, day care facilities, and parent consultation services.

Early identification is very important in making provisions for retarded children and is a school responsibility.* Typically the initial diagnosis is medical. Coincident with or subsequent to the medical diagnosis, however, a team including a psychologist, social worker, and educator should formulate a training plan for each child.

That there might be mentally retarded children in the community who are not identified is not shocking. Until recently providing for these children was not a school responsibility. Not until communities realized from experience that everybody benefits when these children are helped did support for school operated centers become fairly common.

The exact number of mentally retarded children living in RESA X communities is not known. A better census program than exists is needed. More effort needs to be shown by school officials in accounting for these children and a great deal more parent education is called for.

Some parents do not realize the value of training for their TMR children. Neither do they realize the harm caused by denying them the opportunity to be with other children who have similar disabilities. Some parents even hide their youngsters and do not submit their names to census takers. Even today, occasionally, one encounters a parent who tries to shield her mentally retarded child from the outside world for fear of ridicule and criticism. After all, not too many years have passed since criticism, suspicion, and ridicule were common reactions to retardation. It is indeed understandable that parents with TMR children have anxieties and concerns and that they need help.

School programs for these children should start at an early age, possibly three, and continue through their years as young adults. TMR children benefit greatly from a preschool program which emphasizes self-help, functional language, and social skills. Their later adolescent years in school should emphasize independence, initiative, and other useful vocational attitudes and skills. Rehabilitation counseling services are particularly helpful as these children grow from adolescence to adulthood and provide the link between school and the adult world. Counselors evaluate each youngster in terms of work potential and then place him into an appropriate unskilled job or supervised workshop.

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*For a compilation and discussion of Iowa laws relating to mental retardation, the reader is referred to the excellent bulletin, Code Review and Recommendations on Mental Retardation in Iowa, edited by George A. Arvidson, Jr., Bob Conley, and George M. Boswell. This bulletin is available from the office of The Progressive Action for the Retarded, Des Moines, Iowa.

Trainable retarded children are sufficiently different from typical children that it is not considered harmful to have them in separate facilities. These children frequently require medical and paramedical support services not typically available in the schools but frequently found in comprehensive health centers or special developmental centers. Having them in a program sponsored by their own community, however, rather than a residential hospital seems to be a trend and is gaining support as a means of helping the community to accept its responsibility for dealing with mental retardation.

Although a comprehensive program is not the responsibility of the public schools alone, RESA could and should also help with aspects that more clearly lie within the jurisdiction of other community agencies. For example, some severely retarded children are wholly or nearly totally dependent on others. They may never participate in a school-type program but could benefit from a day care center or an activity center. Such centers, in addition to being of help to the child, give his parents relief at home and keep him in the community where he belongs. Local arrangements being less expensive than institutional placement also have financial merit.

What Provisions Exist in RESA X Schools and What is Needed

Half of the districts within RESA X are providing special class placements for all TMR children estimated to reside there. The table on the following page lists school districts which need to make additional special class provision for their TMR youngsters.

DISTRICTS NEEDING ADDITIONAL SPECIAL CLASSES FOR TRAINABLE MENTALLY RETARDED CHILDREN BASED ON THE ESTIMATED* NUMBER OF TMR CHILDREN IN EACH DISTRICT

	Estimated* Number In District	Number Enrolled In Special Class**
Alburnett	2	
Benton	4	2
Cedar Rapids	72	50
Center Point	1	
Central City	2	
Clear Creek	1	1
HLV	2	1
Iowa Valley	2	
Linn-Mar	6	
Lisbon	1	
Lone Tree	1	1
Marion	7	
Mid-Prairie	5	1
Mount Vernon	3	
North-Linn	3	
Norway	1	
Solon	2	
Springville	2	
Tipton	4	2
Vinton	4	2
Williamsburg	3	1

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*Based on the estimate that 3 out of every 1,000 students are trainable mentally retarded.

**The numbers in this column represent only those students in special classes and does not include those on waiting lists or those for whom other planned provisions have been made.

In most cases TMR classes are cooperative programs involving more than one district and generally may have been supported by county school funds. For example, Garrison Community School District having only one trainable child, sends him to a class in the Vinton Community Schools.

The table relates only to special class provisions for school age children. Not presented is the fact that some preschool children are currently receiving help through programs supported by Associations for Retarded Children in Linn County and Johnson County. The Linn County Association also sponsors a residential center for older trainables who participate in some work activities. In addition, Area Ten Community College operates a workshop which trains handicapped adults for job placement. Several trainable retardates are in the workshop and are performing quite satisfactorily.

Assuming the estimate of the number of TMR's is accurate, about 55 percent are presently being served; 45 percent are not. This is not a comforting statistic to school officials, to parents, or to any citizen interested in seeing that children get the best help available. Perhaps the estimate is incorrect.

Identification of TMR children should be one of the first services which RESA offers its constituent districts. As soon as a director of special education is appointed, he should devise a plan based on simple census principles that would be applicable throughout the area. To illustrate, TMR children are usually identifiable by a pediatrician shortly after birth and almost invariably during infancy. Consequently, a close liaison with local doctors and community health department personnel would be helpful. Visiting nurses can be employed to keep track of children referred by pediatricians where mental retardation is suspected. The child is closely watched until a determination of retardation or no retardation can be accurately made. School officials are then informed of his condition whereupon they or other community agencies operating programs initiate a plan for entry into an orderly program of training.

RESA should also help to arrange programs for children who have already been identified and whose educational needs are understood but where placement has not been achieved. Some such children are being excluded from school on the basis that there are no facilities available, but this need not be the case. Some could fill vacancies in classes in neighboring districts; for others, perhaps all that is needed is to get parental permission or to resolve a transportation problem.

These are not insurmountable obstacles but their solution does require effort and coordination. RESA is in a favorable position to provide coordination largely because of an awareness of programs and plans in operation throughout the entire area. A local superintendent's question of where class space might be available for example could be quickly answered by a RESA consultant.

Medical-educational evaluations need to be obtained on all children identified as retarded. A major step in providing this will be for RESA to develop a child study center. This recommendation is discussed in more detail in Chapter IV. Until such a center is established, however, much can be accomplished through cooperation with the University Hospital in Iowa City and the Child Development Center, the Department of Pediatrics, and State Services for Crippled Children, all at the University of Iowa. RESA should also encourage local physicians and other health groups to cooperate in this evaluation effort. Finally, special education placement committees could begin operating before the child study center is established.

The need for expansion of present school programs appears to be most urgent in the Cedar Rapids, Linn-Mar, and Marion School Districts. Again this conclusion is based on estimates which need to be either verified or corrected. If there are, in fact, a substantial number of children who need placement, RESA should extend an offer to help. These districts, Cedar Rapids in particular, have made strong efforts to provide for all children; so one might speculate that if there are additional children who need to be served, the schools need help in providing it. The problem has not been one of apathy or lack of concern.

Terminal workshop facilities for TMR children are not available in the area and should be. At least one should be established in Cedar Rapids. Further, there is only one day care center in RESA X and it is operated by the Linn County Association for Retarded Children. Perhaps it could be expanded. In all probability an analysis will indicate the need for an additional center in the Iowa City area. Activity centers for older retardates should also be included with plans for day care facilities.

Preschool programs in Iowa City and Cedar Rapids need RESA support to provide for more teaching personnel and for materials. RESA should consider, in fact, operating both programs for a time as models for other districts to follow in establishing their own preschool programs.

A RESA consultant should be appointed in the area of mental retardation. Initially this position should combine responsibility for the EMR and trainable programs. Eventually, the need will be such to warrant a specific consultant for each area. This position is seen as a high priority recommendation secondary only to the need for a director of special education and a coordinator of child study services.

BLIND

Three-hundredths of one percent of all children in RESA X communities have no useful sight and are considered blind. Their vision cannot be corrected, nor can they benefit from the use of magnifiers or other special equipment. They require special instruction usually involving braille or listening techniques and need to have mobility training.

This number might appear small and not very dramatic, only about 24 children; but the educational disability of blindness is dramatic. If unattended, the blind child will miss out on most of what goes on in the normal classroom. With proper attention and some special instruction, however, most blind students can be educated in regular school classes. As adults they become capable of independence.

Special Help Needed

Specialists are needed to teach blind children braille and other necessary skills. In RESA X with the limited number of children, only a few teachers are needed to work probably on an itinerant basis or in central resource facilities. As has long been the case, some children will attend the state residential school on a full or part time basis and acquire special skills there.

Several state and national agencies exist which assist the blind, and their resources are readily available to students and to the public schools. Textbooks in braille, or tape recordings, can be obtained from some of these. At times they will employ a person to read or record for the blind child when material is not available on specific subjects. Also local service organizations help blind students as community projects. RESA must work closely with all of these resources, especially the State Residential School for the Blind and the State Commission for the Blind.

Blindness is an easily detected disability and does not require any elaborate program of identification. Most parents recognize the signs and will take their child to an eye specialist as soon as symptoms appear. Educational evaluation, in contrast, is not simple and is very important. Evaluation should be a team consideration involving educational, medical, and rehabilitation specialists. Is the condition progressive? Is any remediation possible? What is the status of the other sensory modalities: hearing, touch, taste, and smell? What is the child's general intellectual potential as well as his mental health? Eventually, what are his vocational aptitudes and interests and his level of aspiration? All of these must be investigated. Furthermore, how do his parents feel about his disability? What help do they need in order to better understand him and to act positively in behalf of his education?

A blind child is basically like any other child with similar wants and desires--a fact which must be considered in planning for his education. The public schools, in most instances, can meet the child's needs. He can be with seeing children and be part of the usual school routine while living at home as part of his family. Even in instances of attendance at the State Residential School for the Blind, some periodic and systematic involvement in the local school is to be hoped for.

What Provisions Exist in RESA X Schools and What is Needed

There are no public school programs specifically for the blind in this region. Most of these students probably attend the state school at Vinton. Both programs should be available to provide a choice for parents. Each type of placement has unique advantages which depend on the child's educational potential, his needs, and his parents' hopes for him. Having a choice, even allowing for combined placement, is consistent with fundamentals of good educational practice and should be recommended.

Without knowing the exact number and residence of blind children in RESA X, the assessment of provisions is a difficult task; and the only way to know their exact number is to conduct a thorough census, a task which RESA should undertake. Also a census is a necessary first step in developing an education program, a prerequisite to employing staff, locating space, and purchasing material and equipment.

Nationally, the number of school children who are blind is decreasing. This is likely to be true for the RESA X area as well. Even so, if the estimates based on national incidence figures are appropriate for RESA X, a resource room is needed. In addition to the resource room teacher, one more who would serve the entire area on an itinerant schedule is called for. A specialist in mobility training should also be employed, probably part time, to give each blind child some intensive therapy.

Even before a public school program serving blind children is started in RESA X, pupil service specialists should work closely with the state school. They might want to place some of their students in a local school for part of each day, and RESA could help to make these arrangements.

The number of blind children in RESA X ought to be determined as soon as possible. This could be accomplished by conducting a census, screening preschool children, and contacting local physicians and eye specialists. From this information the need for classes and specialists could be determined, and sound decisions could be made in programming for blind students.

A consultant should be hired by RESA who would develop and supervise the program for blind children, contact physicians, arrange for special material, and counsel parents. Initially, he might serve as a teacher or also be in charge of the program for partially sighted children. Later, two or three more specialists might be employed depending upon the shown need.

PARTIALLY SIGHTED

In every five hundred children about one has such poor or limited vision that he cannot read the books, see the blackboard or other material used in the typical classroom and is classified as partially sighted. This means there are about 160 of these children in RESA X. Almost all of them would wear glasses. Yet, most would still need to read from books with large type or to read using a portable magnifier, and in general must have enlarged visual aids.

Since so much of the instruction in the classroom today is presented using the blackboard or bulletin board or through books, partially sighted children suffer greatly by misperceiving much of the normal classroom activities. Many of them are intelligent but achieve below capacity due to their limited vision. In addition, these children are often stigmatized to the point that they rebel against wearing glasses that make their eyes look distorted and against having an awkward contraption on their desks. Many can learn quickly and can stay in the regular grade if they have the necessary learning aids, understanding, and acceptance.

Special Help Needed

Magnifiers, books with large print, and other special equipment need to be furnished to these children so they can stay in the regular classroom.

This material is presently available through the RESA office or other commissions serving the partially sighted. A consultant or itinerant teacher should take the needed equipment to each partially sighted child so that the necessary adjustments can be made. The consultant could also counsel the teacher and suggest some adaptive instructional procedures.

Resource rooms should be established in the population centers where most of the partially sighted children are located. These children need to be exposed to normal children and should not be isolated in a separate room or building. It is also important to identify the partially sighted early in order to make the proper adjustments. Some may have been identified by physicians, optometrists, or ophthalmalogists. RESA consultants will want to cooperate with these professionals for identification and to obtain educational evaluations. Yearly screening tests for vision should be administered to every child, probably by the school nurse, who, in addition, should give special help to parents of children who are not able to afford the remedial services. The nurse or social worker must provide liaison with the many community agencies available to assist families in obtaining glasses or other special treatment.

Children who are partially sighted represent the full range of intellectual ability from slow to very bright. An education appropriate to their individual characteristics should be the goal for each of them.

What Provisions Exist in RESA X Schools and What is Needed

The State School for the Blind also provides for partially sighted children. Other than this school, no formal program is operated by any of the RESA X schools which specifically serves partially sighted children.

Little question exists regarding the need for increased and improved provisions for partially sighted children; more remains to be done than is presently being done.

The most pressing needs appear to be:

To initiate a screening program

To hire a consultant whose tasks would include coordinating the screening, maintaining cooperation with the state school, consultation with teachers, counseling partially sighted students, obtaining special equipment, and conducting a public education program

To help in establishing and operating resource rooms, probably in Iowa City and Cedar Rapids

Yearly vision tests for all children are very important and should be initiated immediately. RESA could purchase the equipment and provide training in its use. Nurses in local schools could operate the program or paraprofessionals could be trained to give the tests. Possibly RESA might contract with a local optometrist to help in this program. Several alternatives exist to meet the requirements of a good screening and evaluation program. The most important consideration is to decide on a course of action and make it operational.

A consultant for the area of the partially sighted, who would give much needed coordination and consistency to the program, is a priority. He might initially be involved in screening and in referring children who fail the tests to other professionals for retesting and treatment. Later, he might help with parent counseling and establishing classes. To begin, one consultant could handle programs for both the blind and the partially sighted, although this job may need to be divided as each area develops.

Parents of partially sighted children, as with the blind, need assistance in carrying out their role in their child's education and in obtaining optical or medical treatment. Counselors, knowledgeable in the area of vision disabilities, will want to contact these parents and provide them with information, support, and guidance.

SPEECH IMPAIRED

Of the approximately eighty thousand students in RESA X, five percent have a speech handicap. They have impaired speech, voice, or language which affects their ability to communicate and comprehend, and also their social adjustment. There are probably as many as four thousand children who are in need of clinical speech services.

Misarticulations, disfluencies, and poor voice quality are just a few of the many types of speech problems. These difficulties may appear in combination, will be at different levels of severity, are caused by a great many factors, and can have an influence on several different facets of a youngster's personality. Each student with a speech impairment has a unique problem, and treatment programs should reflect this fact with as much individual attention as it is possible to provide.

If the speech impaired students are identified and treated at an early age, there should be little social handicap. They will have an adequate understanding of speech and an ability to express their own thoughts with fluency. Many of these students have the potential to enter a profession; but if their disability goes untreated, they will be limited and will tend to settle for positions not requiring speech.

Special Help Needed

A comprehensive program centering on the needs of the speech impaired students involves several categories of service. Identification is the first of these and is usually carried out by screening tests. Students found to have a disability must then be given remedial treatment or speech therapy. The parents of these students, their teachers, and often others who work and play closely with them should be counseled about their attitude and actions toward these children. Some speech handicapped children will need to be referred to non-school agencies or professionals for additional help. Finally, all relevant resources in a community must be coordinated if an efficient and comprehensive program is desired.

Speech clinicians provide a large portion of the assistance these children require and are the key to a successful program. Clinicians usually carry an individual therapy case load of fifty to one hundred students, depending upon the severity of the problems. One clinician is generally thought to be required for every two thousand students.

In addition to clinicians, who should be employees of local districts, a consultant is needed to provide in-service training, promote prevention programs, conduct research projects, initiate speech and language programs in the first and second grades, and to coordinate clinical speech services.

What Provisions Exist in RESA X Schools and What is Needed

The list on the following page shows the RESA X schools which should expand their clinical speech services. It specifies that Iowa City and districts in Iowa and Benton Counties need additional clinicians and that the Cedar Rapids area should have five additional clinicians. The districts in Jones, Cedar, Johnson, and Washington Counties appear to be served adequately, although this is based on estimates and should be checked for accuracy.

DISTRICTS REQUIRING ADDITIONAL CLINICAL SPEECH SERVICES BASED ON THE ESTIMATED* NUMBER OF SPEECH CLINICIANS NEEDED IN EACH DISTRICT

	Estimated* Number of Clinicians Needed	Number of Clinicians Employed
Cedar Rapids	22	17
Alburnett	These districts are all served from the Cedar Rapids office.	
Center Point		
Central City		
College		
Linn-Mar		
Lisbon		
Marion		
Mount Vernon		
North-Linn		
Springville		
Iowa City	4	3
Iowa County	3	2
Amana	These districts are presently served from Iowa County office.	
Deep River-Millersburg		
English Valleys		
HLV		
Iowa Valley		
Williamsburg		
Benton County	3	2
Belle Plaine	These districts are presently served from the Benton County office.	
Benton		
Garrison		
Norway		
Shellsburg		
Urbana		
Vinton		

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*Based on an estimate that one clinician can serve two thousand students.

Probably 75 percent of the children who have impaired speech and are in need of some clinical speech services are presently being served in RESA X. Since the need for these services has long been demonstrated and accepted as part of a total school program, most local districts should employ their own specialists and administer their programs. RESA's contribution should be limited to consultation and coordination services noted in the subsequent paragraph and to special demonstration projects. Several small districts could jointly hire clinicians; others could employ one part time.

The RESA office should hire a consultant to work with all of the clinicians. He should be a highly trained professional in the area of clinical speech services with extensive experience. To provide continuity, this consultant should be on a twelve-month contract. He should provide, in cooperation with local clinicians, a program during the summer when so much progress in rehabilitated speech is lost. He should encourage the establishment of speech and language programs in the first and second grades throughout RESA X, provide in-service training for the clinicians, conduct workshops for teachers, and develop, coordinate, and administer the clinical speech services.

Both speech clinicians, and the consultant would be involved in other pupil services when appropriate, serving on the staff of the child study center (see Chapter IV), and as members of local child study teams. Too often staff and parent counseling are neglected because clinicians are so closely scheduled in therapy with children. A RESA consultant might fill some of this need as well as conduct speech improvement projects in the regular classes.

DEAF

Nearly .05 percent of all children have no useful hearing, even when correction devices and sound amplification are used, and are considered to be deaf. There are probably forty of these children in RESA X, all of whom have great difficulty in communicating their wants and needs. As they cannot hear their own voice, children who are deaf must learn to control it by understanding physical cues rather than monitoring it auditorily. This is an especially difficult task and often results in characteristic and unusual speech sounds.

In school, the deaf must be taught to read lips and speak. They must be taught the most obvious and elementary aspects of speech and language which hearing children learn almost incidentally. Language deficiency is the deaf child's greatest problem, and it tends to limit his ability to learn and think.

Occasionally a deaf child can learn special language skills rapidly and be able to attend a regular class; however, most are only moderately successful. Typically, they attend secondary grades at the state residential school, and many go there for their entire schooling. The average level of school achievement of deaf children is no more than the seventh grade. As adults they tend to congregate in a community which usually has a church program and a social club specifically for the deaf. Most deaf adults work in semi-skilled jobs although some are known to be successful in skilled occupations. There are usually many deaf people in occupations which have a high noise level, such as key punching and printing. Generally they are productive and useful citizens.

Special Help Needed

Early identification and a preschool language program are crucial to the successful education of the deaf. Although most parents become aware of their child's inadequate language before he attends school and will take him to a specialist, some deaf children go undetected until kindergarten. Therefore, a thorough preschool screening program is essential and must involve physicians. Before placing the deaf child in a program, he should have thorough physical, eye, hearing, and psychological examinations in order to determine his growth potential and his ability to learn oral language.

The parents of these children often need information and counseling. It is important to help them since they serve as an essential part of the child's language program. The preschool program, in particular, should include parent education, for much of the language program can be carried out in the home. Other important activities of the preschool program would include lip reading, speech, and visual discrimination practice.

In elementary school, oral language should be taught with other basic skills also emphasized. Some deaf youngsters are not very successful and might benefit more from techniques of instruction other than the basically oral ones used in preschool and elementary grades, such as sign language. They might do better attending the state residential school. Many deaf children prefer to go to the state school. The two programs must be viewed as alternatives for parents of deaf children as they consider their child's education.

What Provisions Exist in RESA X Schools and What is Needed

Apparently no school in RESA X operates a program specifically for the deaf. Two teachers in Cedar Rapids serve children with impaired hearing, although most youngsters in the program are probably moderately or severly hard of hearing rather than deaf. In addition, the University of Iowa operates a preschool class for children with impaired hearing as does United Cerebral Palsy of Cedar Rapids.

If the estimate of the number of deaf children is correct, very few are currently being served in the RESA X public schools. Most of them probably attend the state residential school, although there is no way to immediately verify this.

There are several pressing needs:

> Classes specifically for the deaf should be established in Cedar Rapids. RESA should support these classes, and they should be for deaf children from all of RESA X schools. Students who live in the more rural areas could be placed in foster homes in Cedar Rapids during the week and go home on the weekends.

> Three preschool classes, one each in Iowa City, Cedar Rapids, and one additional location* should be started immediately and sponsored by RESA.

Apparently a large number of deaf or severely hard of hearing children are approaching school age. This has been attributed to Rubella epidemics three and four years ago. The State School for the Deaf probably will not be able to handle all of them. An unusually large number of preschool children with impaired hearing already identified indicates the magnitude of the problem. Probably many of these children have not yet come to the attention of the schools.

The cost of operating classes for deaf children, although substantial, is less than sending them to the state school. Also, the rewards to the child, his parents, and the community are great. Parents want to help their youngster grow and mature, but it is difficult if the child is home only two or three months each year.

RESA needs a consultant in deaf education who would supervise identification and placement and be responsible for program development. He should function as the consultant to both the deaf and the hard of hearing programs. His role in the latter program will be discussed in the next section. In the deaf program, he would provide liaison between medical and educational workers and carry out several specific services including parent counseling and in-service training. Generally, he would be part of the child study team and would administer all of the clinical hearing services. It will be essential for him to work closely with state and local agencies to ensure that all deaf children receive the best education in the most efficient way.

Teachers of the deaf are very scarce. RESA should help to recruit and to encourage training institutions to send practice teachers into this area.

HARD OF HEARING

About two percent of all children are hard of hearing. There are probably as many as sixteen hundred children in RESA X with varying degrees of communication handicap who do not properly hear what goes on around them. Because of their hearing loss, these children misinterpret or altogether miss important concepts and skills which are presented orally. They are not able to participate in normal conversations, understand routine questions, precisely follow directions or instructions, or communicate properly in the classroom because of their disability. Unfortunately, some teachers are unaware of the hard of hearing child's difficulty and consider them to be naughty or dull when they act inappropriately in school. If disciplined unfairly, these children may react aggressively or by withdrawing. If identified early and given appropriate medical and educational treatment, many hard of hearing children can participate in regular classes.

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*Probably in the Kalona area, based on several cases of deaf children in that community.

Special Help Needed

Hearing tests should be administered to all students on a planned and systematic basis. Those who fail the screening test should be retested by an audiologist using more refined instruments to determine the exact nature of their impairment and also to decide whether referral to a physician for medical treatment is called for. Some hearing losses are caused by malfunctions, obstructions, or infections and can be corrected surgically or treated with drugs.

An important aspect of treatment in some cases involves providing amplification devices to make the greatest use of residual hearing. The knowledge of a clinician and a physician (preferably an otologist) is helpful in selecting appropriate amplification and hearing aids for classroom and individual use. Hearing aids should be worn by all hard of hearing children at home and especially at school.

A clinician should be available to initiate educational treatment, to help children, many of whom will need assistance in adjusting to their aid, and to confer with the teacher. The clinician should also cooperate in carrying out intensive lip reading training and speech and hearing therapy with selected youngsters. Parental counseling is vital to a successful hard of hearing program. Clinicians, psychologists, counselors, and teachers can work together to provide parents with helpful information and guidance.

The hard of hearing exhibit a wide range of ability and disability. With children who have severe hearing losses, early identification is imperative; and therapy will need to extend over a long period of time. Some children, even with severe loss, may stay in the regular class; however, in most cases special class placement is preferred, especially during the preschool and early elementary years.

What Provisions Exist in RESA X Schools and What is Needed

The table on the following page shows the estimated number of hard of hearing children attending each of the forty-one districts in RESA X. It also points up the need for additional special class programs for these children.

ESTIMATED NUMBER OF HARD OF HEARING PUPILS IN EACH RESA X SCHOOL DISTRICT

	Estimated* Number In District
Alburnett	14
Amana	8
Anamosa	36
Belle Plaine	20
Benton	30
Cedar Rapids	482
Center Point	12
Central City	16
Clarence	6
Clear Creek	16
College	46
Deep River-Millersburg	6
English Valleys	16
Garrison	4
HLV	14
Highland	12
Iowa City	164
Iowa Valley	16
Lincoln	16
Linn-Mar	44
Lisbon	10
Lone Tree	10
Lowden	4
Marion	54
Mid-Prairie	38
Midland	14
Monticello	28
Mount Vernon	22
North-Linn	22
Norway	6
Olin	8
Oxford Junction	6
Shellsburg	6
Solon	16
Springville	14
Tipton	26
Urbana	6
Vinton	34
Washington	42
West Branch	18
Williamsburg	22

Only one class is currently operating, that in Cedar Rapids serving sixteen children.

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*Based on an estimate that two of every one hundred students are hard of hearing.

It is important to note that even though there is only one class for hard of hearing children, many are provided for by an audiometrist or hearing clinician. In addition, many hard of hearing students are probably attending the state school at Council Bluffs or other private schools outside of the area.

If the estimate of the number of hard of hearing is correct, about half of them are receiving some type of clinical hearing services, although many are receiving only minimal attention. There are also two teachers in RESA X who serve both the deaf and hard of hearing. To serve more adequately the hard of hearing students, RESA X officials will need to work with local district personnel in providing the following:

> A well-coordinated screening program of hearing tests administered annually. This program would require four audiometrists. In addition, two hearing clinicians should be employed to conduct the more refined testing, to arrange medical referrals, and to insure adequate follow-up services. A coordinator should also be hired to supervise the clinical hearing program and the classes for the hard of hearing.
>
> Several additional classes for the hard of hearing need to be established in Cedar Rapids. It must be noted that this recommendation is based on estimates of national incidence figures and should be verified locally. Cedar Rapids should be a center for serving the hard of hearing children living in Jones, Linn, and Benton Counties.
>
> Classes for the hard of hearing should be established in Iowa City to serve as a center for children living in Cedar, Johnson, Iowa, and Washington Counties.
>
> A testing center should be established in Iowa City to serve all of the RESA X schools. It would contain the instruments used in the refined hearing tests. The location would be ideal as the University of Iowa has a well-known speech and hearing clinic which could serve as a referral and resource agency.
>
> Consultants should be employed, as needs indicate, to aid regular class teachers. Many children with hearing disabilities will and should remain with their age peers in regular classes, but they and their instructors must have some special help.

BEHAVIORALLY HANDICAPPED

Children with behavior disorders or who are behaviorly handicapped comprise approximately five percent of the school population. They are children who at times are referred to as emotionally disturbed or as having a specific learning disability. In RESA X perhaps as many as four thousand students would fall in this classification.

These children are often overactive and physically aggressive. With others, withdrawal symptoms are more prominent. In almost all cases the children are unable to concentrate. They typically are under achieving in school, have poor self-concepts, and are difficult to manage at school and at home. Many times they drop out of school; some become juvenile offenders, and some eventually require treatment in mental institutions.

In school, severe cases are usually called to the attention of the psychologists or psychiatrists, while milder cases get what help they do receive from teachers, tutors, and counselors; many are overlooked. With acceptance and understanding and a consistent application of fair rules, many of these children can learn appropriate school behavior. Others, unfortunately, are going to depend upon getting special help if they are to develop adjusting behavior patterns and grow into effective adults.

Special Help Needed

Emotions, thinking processes, and motor ability are three very important and interdependent aspects of a child's personality. Much of his success, or lack of success, in school depends on these being in balance. An impairment in any one could result in misconduct, poor achievement, or a mental health problem.

As with most areas of handicap, early identification and thorough educational evaluation are prerequisites to treatment. Team evaluations are very necessary since it is unlikely that any single specialist can understand such a child. Similarly, remediation of his difficulties will be a challenge to the mental health specialist and the teacher as well. Parents, too, should be in on whatever plan might be devised. Often they will need support and information and should have opportunities for group discussion with other parents and a specialist as part of the treatment program.

What Provisions Exist in RESA X Schools and What is Needed

The table on the following page presents an estimate of the number of behaviorally disturbed school age youngsters who reside in the communities which make up RESA X. It also points up the need for provisions to help these children.

ESTIMATED NUMBER OF BEHAVIORALLY DISTURBED CHILDREN IN EACH RESA X SCHOOL DISTRICT

	Estimated* Number In District
Alburnett	24
Amana	14
Anamosa	66
Belle Plaine	35
Benton	52
Cedar Rapids	845
Center Point	21
Central City	28
Clarence	12
Clear Creek	28
College	81
Deep River-Millersburg	11
English Valleys	28
Garrison	7
HLV	24
Highland	21
Iowa City	280
Iowa Valley	26
Lincoln	25
Linn-Mar	77
Lisbon	17
Lone Tree	18
Lowden	9
Marion	94
Mid-Prairie	66
Midland	23
Monticello	49
Mount Vernon	39
North-Linn	39
Norway	11
Olin	13
Oxford Junction	11
Shellsburg	10
Solon	28
Springville	23
Tipton	46
Urbana	10
Vinton	59
Washington	73
West Branch	32
Williamsburg	39

Only two classes for behaviorally disturbed children exist within RESA X schools, one in Cedar Rapids with an enrollment of twelve and one in Marengo with an enrollment of six.

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*Based on an estimate that 35 students of every 1,000 have a behavior problem.

This table should not be interpreted as an appraisal of what is currently being done to provide for these children; however, as noted, it does dramatize the need for help. In addition to the Cedar Rapids class and the Marengo class, counselors are working with many of these children as are school psychologists. Teachers, perhaps more than anyone else, have shouldered the burden and have, in countless cases, saved children from serious difficulty. They will, in all probability, continue to be the single most important person in the school to aid these youngsters; but their efforts are limited without help. A number of children throughout the area are receiving treatment in hospitals, mental health facilities, and from private practitioners. Others, unfortunately, have already come into conflict with the law. Any rehabilitation help they might be receiving is through the court, from probation officers, or in penal institutions.

Solutions to the difficulties of behaviorally disturbed children are not easily achieved. Their problems are complex and often difficult to understand, since usually there is not a simple cause. In some instances the cause might be organic or physical, such as in the case of a neurologically damaged youngster; but more often the problems grow out of interrelations with people--parents, siblings, teachers, and others. To provide effective treatment requires that those who are part of the cause provide some of the remedy. They must alter their behavior and attitudes toward these children, but this is not an easy task to accomplish. People usually do not intend to hurt a child; more often their wish is to help, and they are unaware that what they are doing is contributing to his difficulty.

A comprehensive discussion of the prevention and treatment of mental health and behavior disorders is beyond the scope of this bulletin; here only a few recommendations can be presented.

Through in-service education, consultation with teachers, and parent education some gains can be made in prevention and in dealing with fundamental causes. The employment of a consultant on the behaviorally handicapped to coordinate this effort is recommended. Since mental health is actually a total community concern, the consultant will want to work with representatives of other agencies and institutions to provide continuity.

A second need is to increase the child study services in the area and to establish a child study center. This recommendation is discussed in detail in the next chapter.

Finally, RESA must work with local officials to establish special classroom arrangements. Some children will be able to stay in the regular classroom with minimal assistance from either a psychologist or counselor. A resource room or special class with a specially trained teacher will be required for others.

PHYSICALLY HANDICAPPED

As many as 1.5 percent of all school age children have physical disabilities which make participation in typical classroom activities difficult or impossible. In RESA X there would be approximately twelve hundred of these physically handicapped children; included would be cases of cerebral palsy, osteomyelitis, poliomyelitis, congenital heart defect, and others. Their ability to learn is often unimpaired, but motor incapacity may prohibit attendance in a regular school setting.

Special Help Needed

An educational program for these children depends upon several factors: the severity of the impairment, the presence of other accompanying disabilities, and the availability of special teachers and facilities. Most physically handicapped can go to school if there are adjustments made in school hours or if ramps, modified toilets, hand rails, padded floors, adjustable desks, or other accommodations are provided. Placement in a regular class, where feasible, is preferred. Others can be tutored at home or over a school-to-home telephone. Another large share of these children are served in hospital schools such as the Severely Handicapped Hospital in Iowa City.

What Provisions Exist in RESA X Schools and What is Needed

Even though the estimated incidence of physical handicap in RESA X appears to be large, many of these children are being provided with special arrangements. Others, however, need more help than is currently being provided. The United Cerebral Palsy Center in Cedar Rapids has a preschool class and an elementary class. These deserve support and might be expanded to serve more children. If expanded, the center could serve as an out-patient physical therapy resource for schools in RESA X.

The Severely Handicapped Hospital has a preschool to high school program for the severely involved children. Some students from RESA X go to this school, and RESA presently aids the program. The hospital, the Child Development Center, and the State Services for Crippled Children are excellent referral and resource agencies available to RESA X districts. Perhaps more use needs to be made of these facilities.

Many of the physically handicapped are tutored at home or have a telephone connection with school. RESA should hire a consultant to coordinate the services to physically handicapped children and to help develop more local programs.

Speech and hearing therapy should also be available to many of these students either as an itinerant service or as part of a special class. Many of these children's parents need counseling and information. RESA could play a vital role by either providing or supporting these services.

Physical and occupational therapy should be furnished to the disabled whether they are at home or in a special school. Therapists will need to work with each child's parents and physician to outline remedial measures to be accomplished at home. A social worker should be available to assist and support the family, a psychologist to consult in cases of specific learning problems, and a counselor to provide vocational guidance.

Finally, there is a need to have an evaluation center for all children who are handicapped. While a physical disability is a medical problem, the education of the child still is the responsibility of the school. The physically disabled child needs to be assessed in terms of his educational and vocational potential.

CHAPTER IV

WHAT HELP DO LOCAL DISTRICTS NEED
PUPIL SERVICES

Children in special education are helped by a variety of people who carry out support programs called pupil services. Included are guidance services, psychological services, medical services, attendance services, and others not directly involved in teaching children but important for teaching to be effective. Usually where one finds high quality special education, they also find good pupil services. Often these two phases of the school program are, as is recommended in this present bulletin, administered under a single department. A recent national study of twenty school districts with outstanding programs revealed that, more often than not, special education and pupil services are coordinated in a single department under the leadership of an assistant superintendent or director.[1]

In the next several pages some of these pupil services will be discussed. One in particular, child study, is considered at length. What is the service intended to accomplish? Why is it important in a modern school program? And, what role might RESA personnel play in cooperation with local district personnel to provide child study services. Several others are treated briefly:

Pupil progress monitoring services
Student guidance services
Counseling services
Staff consultation services
Pupil admission and placement services
Parent consultation services
Research and experimental services

First, however, a few general comments or statements of principle:

Pupil services are intended for all children not just the exceptional. The total student population, for example, profits from good guidance services. Similarly, child study needs to be generally available since any child at any point during his school experience might require special evaluation.

Pupil services are facilitating programs. Often, rather than work directly with a child, pupil services specialists will work with his teacher, his parents, or principal. Put another way, much of the psychologist's time is spent with adults who are significant and important people in teaching a child and for making changes in his behavior. Counselors have learned that they often can do more to help a child reach a decision--for example, about college--by influencing his teacher or parent. Teachers, principals, and parents have very difficult jobs trying to help children get the best possible education and to grow up in our society. They need help, and pupil services specialists, through the programs which they offer, are intended to provide that aid.

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[1] Gordon P. Liddle and Donald D. Ferguson, Pupil Service Department, Functions, Organization, Staffing (Educational Service Bureau, Inc., 1968), Arlington, Virginia.

Pupil services emphasize the prevention of learning disabilities and mental health problems. School difficulty, like any other kind of problem a child faces, has causes. Usually these develop over a period of time, not all at once. There are, of course, exceptions particularly among some physical handicaps. Behavior difficulties and most school retardation, however, develop over several years with signs now and then showing. If spotted early, help can be provided before the problem becomes full-blown. Psychologists, social workers, and others who perform pupil services feel they operate most effectively when working to prevent problems rather than after a crisis is reached.

These specialists must be available in sufficient number if prevention efforts are to be effective, for the signs of disturbance are not always obvious. Even in some instances of physical disability the problem is not easily detected. The child who has a hearing loss might go unnoticed until, perhaps, after several years of school he becomes a behavior problem. Similarly, many children who have vision difficulties are not noticeably different in appearance; and their teacher will not be aware of anything unusual until failure in reading occurs. A sensible emphasis on prevention does seem worthwhile; it costs less in time, effort, and money than it would later when conditions are serious. Senseless hurt and loss of talent must not be allowed to continue.

Pupil services are a team operation. Specialists, teachers, administrators, and often others from the community are involved in the programs. Each contributes something different based on his training and experience and, through coordination and cooperation, adds to an effective mix of skill and know-how. Said another way, pupil services are interdisciplinary, made up of people who have special background in psychology, social work, medical services, counseling, etc. Each is most effective when working in collaboration with others who have similar objectives but different skills. Perhaps the best example of the "team" can be seen in child study services.

Child Study Services

All children do not have an equal chance to succeed in school. Many special arrangements must be made in the attempt to provide equal educational opportunity. One important provision which should be available in all schools, elementary and secondary, is an identification--referral--study--remedial system. This is typically referred to as a child study service.

Every elementary classroom teacher has two or three children, perhaps more, whose progress, or lack of it, is a concern and who she feels need special help. Through her principal she may request help in the form of a referral to the child study team. When the team meets, it probably would include a psychologist, a social worker, a school nurse, the teacher, and the principal, although the exact makeup of such a team might vary according to the kind of problem referred and the availability of specialists. Following referral, consideration would be given to the child's difficulty and then a course of action formulated and tried out.

To illustrate, a third grade boy seems unable to read at all and is a worry to his teacher. She asks, "Why can't he read? Doesn't he see properly? Doesn't he have enough mental ability? Or does he just not care? What are the reasons? What should I do to help him--get cross and try to force him, treat him with an extra dose of kindness, hoping that it is all a matter of attitude, or perhaps I should send him out of my room to someone for special tutoring?" When the child study team meets, all of these questions will be considered. Each member of the team will have something to say. The nurse, for example, can deal with the question of eyesight; the psychologist, with mental ability; and the social worker, with the question of attitude.

Usually in such cases there is no single cause but a combination. When reasons do become clarified, the important question of "what to do about it" is asked and suggestions as to how to proceed are formulated. In some instances the recommendations will be for placement in a special educational situation. More often, however, the child remains with his teacher. After a period of time the teacher will report to a follow-up session of the team and discuss the child's progress. If, as is usually the state, his behavior is improving, the case is closed, at least for the time being. If no improvement is noticed or the teacher reports the situation worsening, additional consideration by the team will be given.

The child study process, as described, appears simple, and essentially it is; but some very specialized skills are needed. The school psychologist, for example, uses tests which have been especially developed and which require years of training to interpret. The social worker's interviewing and case history skills and her knowledge of community resources are learned only after a great deal of training. Without these specialists and the know-how which they bring to the child study service, the attempt to help children such as described in this case falls short of the mark.

A great deal happens when these teams meet; usually in a one or two hour session several children will be considered and many recommendations and decisions will be made. Since child study involves several distinct phases, a given team meeting will probably be considering one or more child's case in each of the phases.

Phase I - Intake or Referral - A teacher who is making the referral will discuss the problem in order to make clear for all present just what the problem is. Specifics are called for--How far behind in reading? What form does his acting out (behavior) take? How often does he misbehave and when - morning, noon, recess, afternoon, sometimes, or always? Are his episodes controllable or not? These facts, for example, and many others, depending on the nature of the problem, must be discussed and clarified.

Phase II - Analysis - What seems to be causing the problem? Here all members make contributions based on their area of competence. They speculate about causes, and assignments are passed out to specialists if additional information is needed. The teacher may be asked to keep a close record of special behavior which seems to be critical. She might be asked to try something to see what happens. The psychologist may be asked to provide an analysis of learning ability or a personality evaluation; the social worker may make a visit to the home or check with some agency people. The school nurse might contact the family physician and check whether the drugs the boy is taking for an allergy might be causing some of his symptoms.

Phase III - Remedial Phase - All team members cooperate in recommending and carrying out a course of action--deciding what to do for the child and to help the teacher.

Phase IV - Follow-Up - This is where the team evaluates. Is what is being tried working out? Are there changes for the better? Does something different need to be done?

Child study teams should be educational and not clinical teams. The objective and end product of a team effort must be a course of action, things to do, not classification of the child's disability or a report of what is wrong. This is emphasized because some pupil service specialists are trained in clinical settings and tend to carry that approach over to their work in the schools. It used to be fairly common, for example, to have the psychologist spend most of his time testing. His work with a child resulted in an IQ score and an elaborate written report recommending placement in a special class, possibly little else. Surely, in some cases such a recommendation and a report to that effect are important. They are needed to arrange for a transfer to a special class. However, very little is included in such reports that will help the teacher who will be working with the child. Probably ninety percent of the psychologist's communication should be in discussion with people who need his counsel; only a small portion should be in written report form.

Child Study Teams as Special Education Placement Committees

The Iowa State Department of Public Instruction specifies various specialists and a director who must attest to a child's eligibility for placement in a special education class. Also, they have established criteria on the basis of which children may be included in such classes.[2] Other than that, placement is left to the local district. Local school officials determine who should be considered for special education programs as well as the process and procedure for carrying out placement.

Obviously, the decision to transfer a child into special education is critical in his educational life. It should be thoughtfully made, including consideration of far more than an IQ score and a few facts of school history. A full child study team work-up is necessary in each case.

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[2] Iowa State Department of Public Instruction, The Rules of Special Education Explained (Des Moines, Iowa: Iowa State Department of Public Instruction, 1967).

The final recommendation for transfer should grow out of the thinking of all members of the team. An important person in this team consideration not yet discussed is the parent. It seems particularly important that parents be brought into placement deliberations when special education is being considered. Inclusion of parents might be through one or a series of visits with a social worker or some other member of the child study team; in other instances parents might actually appear at team meetings.

A child's parents are important not only in recommending transfer, but even more so in helping to make the transfer smooth for the child. Often, in fact, team deliberations include suggestions for things to be done at home. It is not unusual in cases of transfer to find more difficulty experienced by the parents than by the child himself. In such cases if they have had the benefit of meeting with the team, the experience will be less traumatic.

Some children attend special education classes for only a portion of their school life. The doors on special education classes swing both ways. Many children, after a period of time in a special unit, will be recommended for return to a regular class. The decision to move a child out is just as important as the original decision for placement and should be made by the placement committee. Also from time to time a special teacher might need consultation on matters of child adjustment. This, too, could be a function of the placement committee. For example, with all special education children it is desirable to include them, as much as possible, into classes and programs with other children. This includes academic areas where they are able to handle the materials as well as extra curricular activities in which typically there are not exceptional children but just regular kids.

Child Study Services Provide In-Service Education

Few, if any, teachers or principals learned about how to use pupil services during their pre-service training; this must be learned on the job. Through team participation they see firsthand how pupil services work, what the different specialists have to offer, ways in which they can be helpful, and how to call upon them for help. Furthermore, a teacher working with a child study team considering a youngster she has referred learns many things about pupil behavior. She gets specific insight into the child about whom she asked for help and sits in when other children with difficulties are being discussed. Teachers who have worked with such teams claim what they learn about the development and behavior of one child often applies to others and increases their understanding about children in general.

What Provisions Exist in RESA X Schools and What is Needed

Each local district within RESA X should have a child study service, preferably operating on a team plan. It is by no means necessary to have a full complement of specialists in addition to teachers and the principal on all child study teams; however, the more, the better. Hoped for would be a psychologist, a nurse, a social worker and other specialists depending on the cases under discussion.

Several districts currently employ school psychologists, school social workers, and school nurses who are all performing very valuable services. The following table shows the estimated number of these specialists who should be available to the local school districts, and the number who are actually employed.

The Estimated Number of School Psychologists, Nurses
and Social Workers Needed and the Number
Currently Employed in RESA X Districts, by County

	Psychologists		Nurses		Social Workers	
	Needed[1]	Employed	Needed[2]	Employed	Needed[3]	Employed
Benton County	3	1	4	4	3	1
Cedar County	2	1	3	2	2	0
Iowa County	3	1	4	0	3	1
Johnson County	7	4	7	6	7	1
Jones County	3	1	3	6	3	1
Linn County	23	10	31	29	23	0
Washington County	3	1	3	4	3	1
TOTAL	44	19	66	50	44	6

[1] Based on the estimate that one school psychologist can serve 1,500 students.
[2] Based on the estimate that one school nurse can serve 1,200 students.
[3] Based on the estimate that one school social worker can serve 1,500 students.

The services of the psychologists and social workers are generally offered to the local districts through the county or merged county offices, with the exception of Iowa City and Cedar Rapids who employ their own psychologists. Less than fifty percent of the psychologists needed in Area X are presently employed and less than fifteen percent of the needed social workers. The needs, of course, are based on ratios which may not be appropriate to the type of children being served. For an example, a psychologist just will not be able to serve as many rural children as urban ones because of the amount of traveling involved between cases.

Most of the school nurses are employed by local schools. Seventy-five percent of those who are needed to serve all the children in RESA X are presently employed. Some districts apparently have enough nurses; some do not have any. RESA should help to employ and place nurses, psychologists and social workers for those districts which have an obvious need.

Paraprofessionals could perform some of the duties frequently assigned to child study professionals; however, first there must be a very good core of professionals. A practical nurse might be able to assist a registered nurse in serving several schools. A psychometrist might be trained to do some of the routine testing and record keeping, often a burden to school psychologists. These paraprofessionals, mentioning only a few, could be trained by RESA and could alleviate the problem of locating trained persons.

A consultant should be employed by RESA in each of the three areas: psychology, social work, health services. The consultant for school psychology would need to work closely with the director of the Child Study Center and all local child study groups. He can assist the local school in recruiting and by consulting with their teachers and administrators. The consultant would provide in-service training, coordinate program development, conduct research projects, and supervise demonstrations. He should cooperate with all of the other consultants in providing appropriate services to all children.

The consultant for social workers would function quite like the consultant in school psychology, but gear his activities toward the social worker model and emphasize working with parents. In addition, there is a considerable need for social workers throughout all of RESA X. The consultant could recruit specialists for the local districts, or furnish paraprofessionals and visiting teachers with job training experience in interviewing and counseling. Although a social worker is part of the child study team, he also is involved in other pupil services and he must work closely with all the other members of the RESA X staff.

A nurse is also needed to serve as a consultant in health services who could relate to the local school nurses providing this pupil service. This consultant would be responsible for improving liaison with the medical community. She must also cooperate with other consultants in providing vision, hearing, dental, and other physical screening tests.

Several diagnostic clinics, health agencies and other resources are available to assist the schools and are a very important part of child study services. Some of these are listed on the following page. Important to note is the wide variety of these sources ranging from service clubs which can provide financial assistance to parents, to referral agencies which can provide thorough and complete examiniation and diagnosis. Help can come from many directions, and school officials should be alert to solicit aid from willing organizations.

Diagnostic Centers, Health Clinics and Other Resources Useful to Child Study Services

Name	Location
Child Development Clinic	University of Iowa
State Services for Crippled Children	University of Iowa
Speech and Hearing Clinic	University of Iowa
Pediatrics Clinic	University of Iowa
Children's Unit, Psychopathic Hospital	University of Iowa
Reading Clinic, East Hall	University of Iowa
Children's Evaluation Clinic	Cedar Rapids
Linn County Mental Health Center	Cedar Rapids
United Cerebral Palsy Center	Cedar Rapids
Association for Retarded Children	Cedar Rapids
Association for Retarded Children	Iowa City
Mental Health Institute, Children's Unit	Mount Pleasant
Mental Health Institute, Children's Unit	Independence
Vocational Rehabilitation	Cedar Rapids
Employment Security Commission	Cedar Rapids
Family Service Agency	Cedar Rapids
Lutheran Social Services Agency	Iowa City
Goodwill Industries	Iowa City
Area X Community College Workshop	Cedar Rapids
Private Physicians, Psychologists, Psychiatrists, Nurses County Welfare Agencies Ministerial Associations Service Clubs Lions, Rotary, Kiwanis, Optimists, etc. Civil Authorities Policemen, Sheriffs, Juvenile Courts, Probation Officers, etc.	Cedar Rapids and other towns where they exist.

RESA X Role in Child Study Services

Every local district should have child study services available, either their own, in cooperation with another district, or through RESA. Each district is encouraged to employ its own specialists; but, understandably, such an objective will be difficult to achieve. Specialists are in short supply and expensive, and many districts within RESA have too few students to warrant employing full-time personnel. Some districts may not have had sufficient experience with child study programs to feel comfortable making an investment at this point; they will want to learn more about their value.

The following should be RESA X's objectives in light of the above:

To help improve local programs, and to provide services where needed.

To provide a Child Study Center for intensive and long term evaluation.

Help in Operating Local Child Study Services

RESA staff involvement with local officials in operating child study programs will vary according to the level at which those programs are developed and what they see as their need for help.

Many districts currently have one or more child study specialists employed and services in operation. They will want to increase their effectiveness and efficiency and will welcome competent realistic help. To be of help RESA will need to have something to offer. For example, these districts might need a different specialist, employing a psychologist and not a social worker, or have both but need the help of a consulting neurologist, audiologist or speech therapist. Another example might be the desire to provide some out of the ordinary staff training opportunities which could economically be provided on an area level but be too great a burden at the local level. Several districts recently visited by the authors of this report employed consulting psychiatrists who were available for case consultation and who also worked with the staff on in-service education. In another, a psychologist from a local clinic taught the district's staff, child and parent counseling skills, an area in which she was outstandingly effective.

A second level of help would be for districts in the process of developing child study services which need support as described above but also at a more fundamental level. They want aid in planning and in recruiting and employing staff, and to help teachers, principals, and parents learn how to use these services. Their greatest need might be for help in financing, particularly during the initial and costly phases of program development, and to evaluate the effectiveness of what has gone on to date.

The third level of involvement would be with districts where no child study services operate and where, as yet, local officials are not ready. They want to see one operate, to decide for themselves about its value, and to learn more about what it will cost. Here the RESA child study consultant would work with a building principal to set up some sample team sessions. Through discussions with teachers, he would obtain referrals on children having difficulty, then plan a series of team meetings. At the same time, teachers and principals will be invited to observe demonstrations of child study teams in operation.

One or possibly two such teams should be established throughout the area, probably in Cedar Rapids and/or Iowa City, where services currently are available. Their primary purpose would be to show how a team works and then to provide for discussion of questions of team development and management. For example, what kind of a referral system and referral forms are most effective? How should teams be scheduled? Who should be the team leader? Where in a district should team meetings occur? These are not difficult questions to answer, but they are important and ones where solutions can be demonstrated as well as discussed.

Scheduling, for instance, is not complex; yet must be done carefully and the process must be well managed. All members of the team need to know what is expected of them by way of participation. At what time and where will meetings be held? Typically, the building principal or a designate will operate as team leader and case manager. Again, it is less critical who this person is than that such a job is clearly assigned and understood. Team meetings, generally, can be held on a regular basis approximately once a month or more often in high enrollment buildings or districts. Some might prefer to schedule on an "on call basis" again in smaller districts or to deal with emergencies.

Another way to view the RESA relationship with local districts is in terms of who gets the help. There are two major clients in this sense, people who need child study services and those whose responsibility it is to make such services available. In the one the focus is on helping teachers. They want evaluation in order to know how better to program for the child. Help might include working on identifying children who need special help, analyzing the problem once identified, formulating a remedial course of action following the analysis, and finally, evaluating the effectiveness of the treatment program after it has been in operation long enough to expect differences to show up.

With the second client the focus is on providing help to plan and manage child study services. Who is going to pay for these specialists, for example, is an important consideration. RESA's approach could be to develop contracts with local districts through which various levels of cooperation could be achieved. Models for such arrangements already exist. Although each contract would be unique, spelling out the agreements appropriate to the specific situation, those now in operation give some direction.

To illustrate, two small districts would like to employ a social worker. Neither, however, is large enough to warrant a full time person; and neither is ready to accept the financial investment alone. Each district could contribute its share, and RESA would provide for any excess cost. The assignment of the worker would be spelled out in the contract, showing his responsibility to local officials and the amount of time to be spent in each of the locals. RESA might agree, in addition, to provide for certain kinds of support, such as help in the purchase of equipment or providing some staff development experiences, etc.

A second example involves a district which wished to employ a part-time specialist but where there is no cooperating district available. In such a case, RESA might absorb the uncommitted portion of the person's time for programs which it is interested in operating or a person who wants only part-time employment could be sought. It is anticipated that a variety of such contractual arrangements would be worked out, each to the mutual advantage of the cooperating local and RESA. It is further anticipated that contracts would be flexible with changes allowed for and new contracts written as program developments warrant. Always the purpose, however, would be to strengthen the local district in providing child study services and to encourage them to operate their own program.

A Child Study Center for Intensive and Long Range Education Evaluation

In addition to providing help in operating local child study services, RESA should establish a child study center to serve the entire area. The center's purpose would be to provide intensive and, at times, long range educational evaluation, perhaps up to several months in duration. It would serve children where highly specialized personnel, equipment, and methods were called for. Few districts could afford to operate such a center themselves,

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and few have enough children who need the service to make it efficient. RESA does have the financial base and,representing all districts in the area, it has sufficient population, nearly eighty thousand children.

Although the center would represent considerable expense, its actual cost should not be prohibitive. As districts send children to the center, they could reimburse on a cost basis generally at a rate somewhat equivalent to what professional evaluation services could cost were they available in the local district. Other options also exist; a flat per child cost might be set, or RESA might want to underwrite the expense alone.

Most staff would be provided by RESA as part of general expenses and also through project funds which could be obtained from a variety of federal, state, and private sources. Such support funds are, and probably will continue to be, available particularly when it can be shown that the center serves a vast population area of handicapped children.

A variety of administration patterns could be worked out that would serve the needs of the center. Certainly RESA personnel should have some central responsibility, probably to include employing, assigning, and supervising the director and his staff. Also, the contitutent RESA districts should have a strong voice in setting policy for the center, probably through a representative council or board. If other agencies of the community were contributing finances, facilities, or staff, they too could be provided some rights and prerogatives.

It is further recommended that the center be located to take advantage of the concentrations of professional personnel who live and work in the seven county area. Some specialists employed by the center could be on a part-time basis since their expertise would not always be needed.

The primary focus of the center would be to provide realistic and workable solutions to the educational needs of children who are inordinately difficult to plan for, those with physical, mental, social, or emotional disabilities. But in the process it would do far more. A carefully selected core of teachers would constantly work with the children devising new approaches, materials, and instructional devices. These, although intended for use with children attending the center, should have application to the larger school population. Such has been a common experience in education--what has been worked out with a small selected group of children on an experimental basis has later been found useful in general instruction.

Considerable in-service value would accrue to teachers who had children being seen at the center. The plan, in general, would be to experiment with various teaching methods and materials until the "best" combination was achieved. Some materials would be developed in the center for specific use with a particular youngster. When the right formula or the correct prescription is found, the child's teacher from his home school would be invited to the center for a period of intensive instruction. Subsequently, RESA consultants would keep in touch, intensively at first, to insure a smooth return for the child to his home school and to insure that the prescription continued to work. What a teacher learns working through one case, it is believed, helps in teaching other children as well. This kind of experience and learning seems to generalize.

Furthermore, the center would conduct in-service education programs for teachers and administrators throughout the area. Although not its primary purpose, teacher education would be an added value of the center. No doubt such a center would facilitate the development of cooperative training programs with universities in the area. This would consequently lessen the difficulty commonly experienced when trying to locate trained personnel in some of the special education areas and among some of the child study specialties.

Finally, an additional benefit to the schools and the community would be in parent education, always an important consideration when working with exceptional children. Parents would participate regularly in the activities of the center when their children were being worked with. Their presence would be required often because of its relevance to the evaluation process. After all, who knows more about a child than his mother and father? It would also be sought during remedial and treatment phases, for they would have a major role to play. Parents, more than anyone else, are responsible for their child's education; they are also more important than anyone else in changing the way a child acts and approaches learning. Why not use them? Why not teach them some things that will be helpful to them and their child?

Parents of exceptional children are usually anxious to do whatever they can to help. Their biggest difficulty is a lack of understanding of what to do. Also, too often school officials seem not to care about their concern or feelings, and few take the time to show them how to help. The center should consider parents an integral part of the team. It is a maxim within all of education that if you can help a parent you can help his child.

Pupil Progress Monitoring Services

Some schools have a system for watching the progress of each child. One part of this is usually an early detection program designed to spot children showing initial signs of difficulty and to facilitate prevention efforts. A continuous evaluation is another part of this service and includes monitoring the effectiveness of accommodations made for children with learning and mental health difficulties. This service also provides information used by teachers and administrators for checking the effectiveness of the overall curriculum. Finally, pupil progress monitoring services provide research information used by leadership people in all divisions of the school program for planning.

Some of these services exist in the RESA X schools, but not on a systematic basis and with varying degrees of effectiveness. Two examples are census activities and Cardpac. Many schools in RESA X participate in Cardpac, which is a research and information agency at the University of Iowa. Cooperating schools forward pupil data and receive back information such as is helpful, for example, in predicting dropouts. However, many schools do not make full use of the information. Often there are not enough trained specialists on hand who can make interpretations. To make better use of this resource, RESA could help in several ways. First, schools could be encouraged to contribute to Cardpac making the norms more complete. Second, consultants could demonstrate how the information could be used.

Obtaining a census, which includes recording the names of all handicapped children, is required by law of all Iowa school districts. The State Department has not rigidly enforced this law; consequently, some districts have been lax in conducting their census. RESA should demonstrate how a census can be conducted in a systematic and continuous way and help people better understand the usefulness of knowing the exact number of handicapped children in their district. RESA could underwrite the cost of a comprehensive census and provide specialists knowledgeable in census taking to assist local districts, or they could train the census takers hired by the local school.

Student Guidance Services

A variety of activities take place in this service category with many people involved, although guidance counselors typically carry the heaviest load. The objectives of guidance services are generally to help children, individually and in small groups, to deal with questions of self-understanding, career development, and life goals, and with the day-by-day translation of these into action.

Students need assistance in sorting through the tremendous amount of information about college and vocational opportunities available today. The abundance of college catalogs, library materials, files of occupational and educational guidance information serves only to confuse the inquiring student if he does not have guidance. Guidance services assist students and their parents to sift out what is appropriate for their needs.

In addition to interpreting information on careers, guidance services help students make sense of "self-information," also very important in the decision-making process. Test scores, for example, of ability, of school achievement, interest, and special aptitudes are interpreted for them and for their parents as are records of past school performances.

RESA again can assist local schools in many ways: through consultation, prior to instituting or when expanding services, by providing in-service education opportunities for guidance personnel, and through consultation with individual counselors.

Counseling Services

Counseling is very much a part of guidance services but is also something additional. While guidance focuses generally on the materials and interpretation of information with which children have to deal, counseling centers on the child himself, as a student and as a person. Its objectives are very broad, providing for a student's concern about his personal and social development as well as career matters. Often students want, more than anything else, somebody to listen who is not responsible for their grades, who would keep their confidence, and with whom they are comfortable discussing what is important to them. RESA could give a great deal of assistance by aiding counselors to upgrade their skill.

Staff Consultative Services

Teachers, more than any other member of the school staff, are responsible for students' growth and learning. Many teachers are asking for assistance. They want answers to such questions as: Why do children with equal ability respond differently to attempts to work with them? A staff consultative service helps teachers arrive at solutions to these, and many other, questions.

RESA X could provide a variety of innovative programs in this area. For instance, a teacher and a psychologist together could review a video tape replay of a class session. This would allow the teacher to evaluate her performance and to get the counsel of a behavior expert. Another example would be pupil services specialist conducting seminars and conferences for groups of teachers. The topics for the meetings could include human growth and development; understanding behavior; evaluating, measuring, and describing behavior; and how to apply principles of learning and personality development to classroom operation.

Pupil Admission and Placement Services

Knowing and understanding each child before he is taken into a school and put into a particular program is the core of the admissions and placement services. It functions to ensure that all children are placed into the best possible educational program, whether it is a regular class, a special group, or an extracurricular activity.

In the school life of all children there are transition points such as entering kindergarten or moving to junior high or to senior high school. These are crucial periods with some students experiencing great frustrations due to a lack of orientation or resulting from inappropriate placement.

The great mobility of the school populations today also causes problems. Children who change schools frequently face added stress. All children should have the assistance they need in order to make smooth transitions with a minimum of difficulty.

RESA could assist local schools in several ways, some of which have already been elaborated in the discussion of child study services. Others might include demonstrating model programs, prompting uniform admission procedures throughout the area, and assisting schools to develop some uniform procedures for pupil transfer.

Parent Consultation Services

Like staff consultation, parent consultation is a somewhat new emphasis. It involves meeting with parents, individually and in groups, and helping them to be more knowledgeable and active in their child's school program. It is based upon the conviction that parents have a primary responsibility for their child's education and that the best a child can get occurs when parents and the school work together.

Both parents and teachers are positively impressed with this service where it is operational. It recognizes that being a good parent is demanding and difficult. Pupil services specialists, usually a social worker or visiting counselor, often have knowledge and understanding in areas where parents desire help, and for which they will seek help if someone is available to give it. This service can provide positive parent-school relationships.

In RESA X schools, few specialists are available to carry out parent consultation services. There is a need for expansion in this area with demonstration and support of current programs.

Research and Experimental Services

Many districts are currently making efforts to study and develop more effective ways of educating children and seeking new ways of getting at long-standing problems. Pupil specialists and teachers can work together to develop new and imaginative ways of helping the underachiever, ways to stimulate poorly motivated children, and means of upgrading the circumstances for educationally and culturally disadvantaged children.

The activities of RESA in this service would vary greatly. A pupil service specialist could take research findings from the mental health field and help the schools translate them into school action programs. Community mental health practitioners could go into the schools to participate in experiments with teachers and parents.

CHAPTER V

RECOMMENDED ORGANIZATION FOR SPECIAL EDUCATION AND PUPIL SERVICES

Having discussed what RESA's relationship to local districts should be and the kinds of help it can provide, attention now focuses on questions of organization and management. How should RESA X organize to carry out its work in special education? What kind of people will be required to provide the help discussed in earlier chapters? What organizational framework will facilitate good working relationships between RESA's staff and local officials and, at the same time, clarify internal relationships within RESA?

In this chapter the authors present what, in their judgment, is an organizational structure and management scheme that will do the job. Although the primary concern dealt with the kind of organization needed, the realities of time and cost are also considered. Building a team of educational specialists must be viewed as a process, not an event. It takes time and is expensive. A top-flight staff cannot be put together overnight. The blueprint, in this case, for a special education organization must be flexible to allow for changes dictated by events that occur during the process of building that team. For example, changes will occur in the level of federal funding under Title VI; and no one, at this point, can predict precisely what those will be, but whatever, they will have an impact on what RESA does. Or, while RESA is building so are local school districts. As they employ specialists and initiate programs, the kind of help they will need will change; and RESA's makeup will need to reflect this change. Priorities are important and need to be established; but these, too, will change as people rethink their goals and directions.

Underlying Principles and Concerns

People expect RESA to give leadership in providing services for handicapped children. Throughout the study this expectation was expressed by local school administrators, officials of the State Department, University personnel, and citizens representing a variety of concerns. People have high hopes and are enthusiastic that RESA is going to make a difference in improving the lot of exceptional children. There are also some who want to wait and see. They recall earlier innovations that were to make big improvements, only to learn after time that they did not account for much change at all. Their skepticism is also based on concern for how RESA will conduct its business. Will it interfere with the right and desire of local school districts to run their own programs? And, what will RESA do to the already heavy tax burden felt by people throughout the region?

The authors of this report believe the enthusiasm of those who expect great things out of RESA is well founded. They also respect the caution and concern of the skeptics. In the final analysis, a great deal will depend on how RESA organizes and conducts itself in giving leadership and on how it views the leadership role. Therefore, before discussing specific recommendations for organization, some comments about leadership seem appropriate.

Leadership means many things when applied to the role of a helping agency in the field of special education. It means helping people to better understand exceptional children, to establish and clarify goals, and to obtain the wherewithal for providing what is needed to accomplish these goals. It means being out ahead, but not so far that communication breaks down. It means moving and changing, but not so fast that the change is not understood and thus resisted.

One way to understand the leadership role is to be clear about what it is not. It is not something which can be assigned; it must be earned. To profess leadership is not providing it. In a sense, it is a platitude like love of country, a good quality in which everyone believes, so they say; but the measure of whether one does, in fact, love his country is in what he does to show it.

RESA will not become a leadership organization simply because that is what people expect and want. It must bring about change for the better in programming for exceptional children. RESA officials and consultants will have to be highly professional and competent people, have a clear understanding of goals and directions. They will need to practice a patient willingness in working with people, beginning where they are and being constructive, not critical. Their success, in the final analysis, will depend upon having something to offer in the way of service and expertise that local districts need.

A Division of Special Education and Pupil Services

The highest priority recommendation growing out of this study is for the establishment of a division of special education and pupil services and for the designation of a position as director of that division.

Why this recommendation, and why should it have such high priority? No doubt the reader is already aware of the necessity for RESA's having a strong and well organized unit in special education if it is going to give the kind of help spelled out in earlier chapters. Despite this awareness, a few points of rationale seem warranted to account in some measure for what is offered as an urgent need.

Regional educational service agencies, like their predecessors, the county systems, will find that among all the ways in which local districts need their help, special education stands out. Help in providing programs and services for exceptional children, it was learned in this study, was not only a major way in which county offices attempted to meet the needs of local districts but also accounted for some of their greatest frustrations. Counties often reflected the same problems as local districts: too little money and not enough children of a given disability to allow for efficient programming. Consequently, some county superintendents were as unable to deal with the problems as were the local school people whom they were trying to serve. Indeed, it must have been frustrating knowing that help was needed but being unable to come through with solutions. People who ask for help and do not get it eventually stop asking. Some county officials, in the face of these conditions, found themselves operating one-man offices giving a little help where possible, but having almost no impact on changes that needed to be made.

In a very real way special education provides a clear demonstration of the basic reason for merging smaller county systems into larger RESA units. Just being bigger, however, does not insure that they will be in any way more effective. Having money and enough children on hand to do the job solves only part of the problem. Building a system for operating and employing people to carry out programs and plans is equally important. Unless RESA responds to this latter challenge in an imaginative and forceful way, they face the same fate as counties: nobody calling on them for help.

A large share of the budget of the four counties currently merged is allocated to special education. This is a fact already evidenced in the 1968-69 budget, of which approximately forty percent is a direct special education allocation. Even a larger percentage falls into this category when appropriations which relate indirectly are considered. It is reasonable to assume that as RESA's organization moves beyond its initial need to tool up, an even greater percentage of the budget will appear under special education categories. Similarly, many of the staff will be directly or indirectly carrying out responsibilities in special education and pupil services.

The various services offered under special education and the people who provide them are interdependent. They constitute a family or unit that, although not unrelated to other RESA units, has specific tasks to perform for which administrative efficiency compels coordination.

Furthermore, this family or unit is going to need a head, someone to give it leadership. The special education effort is so central to RESA's success that some one person should be responsible and held accountable.

The Director

People make the difference. This is perhaps a hacknied phrase and overworked in this report, but nowhere is it more true than in building a special education and pupil services organization. Also, the way in which the job is spelled out is important. To be maximally effective the director must have a clear understanding of what he is responsible for and to whom he is responsible. Equally, those under him and those to whom he reports must be clear on these points. Local school people who expect help from him and the division which he manages have a right to know not only what he intends to provide, but also how to channel their request so that they get attention. Furthermore, they are entitled to know what to expect as a result of bringing their concerns to him. What authority and resources does he have to provide answers?

This position calls for someone who is capable to reach downward, upward, and outward in providing communication. He will need to be a person who can provide effectively for the delicate balance required in "keeping the store open" on one hand while innovating and bringing about change on the other. He must be a person capable and willing to work with others.

What training and experience are appropriate for this position? Does the director need to have competence in one or several of the areas of special education and pupil services? How important is it that he be seasoned in the skills of management and administration? This is the old "chicken and egg" question, and the only sensible solution is to recognize that both kinds of qualifications are important. To recommend a specific course of action in this report would be, in the judgment of the authors, a disservice since the supply of candidates for such a position is already limited. To limit it further by recommending some unnecessarily rigid requirements would serve only to delay. Therefore, what is recommended is that those who make the decision keep an open mind. In the long run the qualities of the person are going to weigh more heavily than his credentials and degrees.* Is there any evidence that he is a person who can give direction and provide leadership for a professional staff? Can he work equally effectively with school and lay people? Is he one who either possesses or has profound respect for the technical know-how in the special education and pupil services areas?

Recognizing that one almost never finds the perfect choice, there is comfort in knowing that deficiencies in specific knowledge and experience can be overcome as long as a person is intelligent and honest enough to recognize his shortcomings. He can always get some additional training. This is particularly true in the RESA X area with nationally outstanding departments of special education and school administration at its doorstep. Also, in filling staff positions the director has the opportunity to fill in gaps. One might even speculate that there is some benefit derived in having a director who recognizes that he does not have all of the answers and that he cannot be all things to all people. He will depend more on others within the department and will be more willing to run it as a team.

The Structure and Staff of the Division

Structure and staff depend on function. A particular organizational framework is built, and staff of a certain kind are employed because they are seen as the best way to get a job done. This seems obvious but nevertheless is worth pointing out because RESA is now in a position that it will never see again. It has no structure and no staff in special education. It is starting clean. The decisions made in the immediate future will, in all probability, set the direction for years to come. If they are good ones, they will pave the way for a strong and important division; if not, they will hold back progress and will probably be difficult to correct.

Chart 1 which follows is intended to show where the division of special education and pupil services fits into the RESA X organization. Placing it at the divisional level, coequal with instruction, administration, and research

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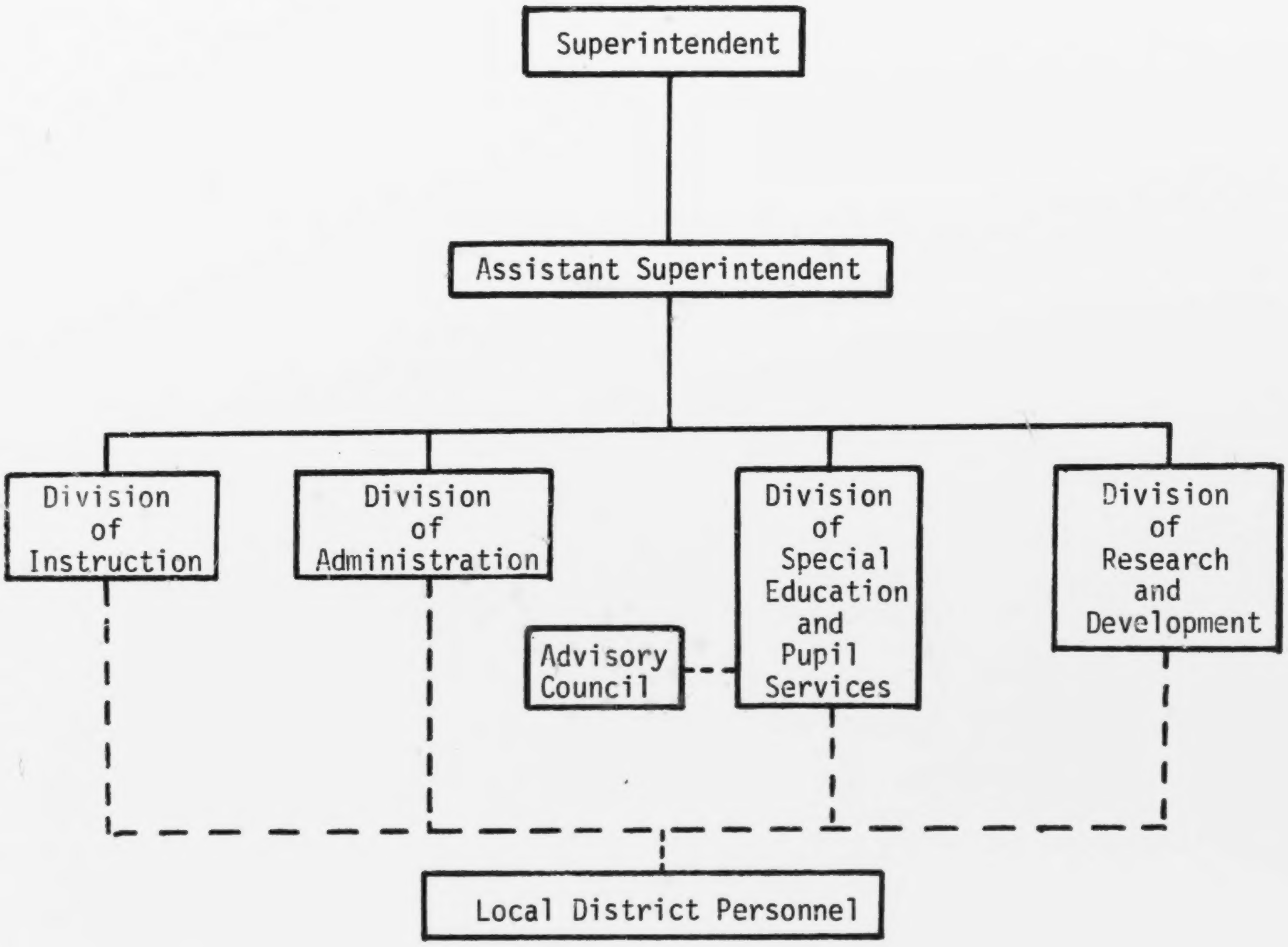
*Duties incumbent upon this position are spelled out by the State Department of Public Instruction. These will need to be considered, as well as certification requirements, in filling the director position since RESA will wish to have him properly certified by the state. These requirements are presented in, the State of Iowa Department of Public Instruction, The Roles of Special Education Explained (Des Moines, Iowa: State of Iowa Department of Public Instruction, 1967). In addition, this bulletin provides a good outline for developing a job description for this position.

CHART 1

RELATIONSHIP OF THE PROPOSED DIVISION OF SPECIAL EDUCATION AND PUPIL SERVICES WITHIN RESA AND ITS RELATIONSHIP TO LOCAL SCHOOL DISTRICTS


Superintendent
Assistant Superintendent
Division of Instruction
Division of Administration
Division of Special Education and Pupil Services
Division of Research and Development
Advisory Council
Local District Personnel

and development, reflects appropriately the significance of a special education undertaking in relationship to other RESA programs.*

The chart is also intended to clarify how the director and the consultants of the division relate to and interact with personnel throughout the forty-one local districts of RESA. The relationship as depicted is based on "staff principles, providing advisory and supportive assistance, rather than a "line" or authority relationship.

The chart and the story it tells are consistent with several national and state sources of authority on the topic. For example, the national study of outstanding pupil services programs, mentioned earlier in this report, revealed that most districts combined special education and pupil services, that they were frequently coequal with administration and instruction units, and in virtually all instances operated on a staff type of relationship.

Two sources of support for this position, available in Iowa educational writings, are the Iowa Code and the Stephens' Study. The Iowa Code, although it does not use line and staff terms to describe the relationship, points clearly to the county system (merged counties, RESA) as one intended to improve educational programs throughout the area and points out the necessity of respecting ". . . the powers and duties assigned to the local board by law . . ."[1]

The Stephens' Study is explicit with regard to the staff nature of the relationship between RESA and local districts. There is one conflict, however, between that study and the present one with regard to the organization of the division. That is, the present study recommends a single division; the Stephens' Study envisions separate divisions of special education and pupil services. A careful examination would, in all probability, reveal that the conflict here is one of timing rather than principle. Ultimately RESA might want to establish two divisions, separating responsibilities in special education and pupil services; but at this point, such a separation seems neither necessary or wise. For some time to come, the authors believe, the two broad functions will be inseparable; and many of the staff will be functioning simultaneously in both.

The division should establish an advisory council. This recommendation was discussed in an earlier chapter and needs only brief comment here. Each division within RESA, in all probability, will establish its own advisory council. Those of other divisions are not depicted on the chart since they were not a concern of this study. The council is intended as a forum for the division to keep in touch with the needs of local districts and to clarify its relationship with them. The council would serve to help division officials evaluate the effectiveness of their programs and services. It would be made up of representatives of the local school districts, the community, the State Department, and higher education. Although its function would not be one of establishing policy, it is seen as aiding greatly in giving direction through the development of guidelines for action.

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*The titles for divisions other than special education and pupil services were not a concern of the present study. Those presented are translated from E. Robert Stephens, et al, The Multi-County Regional Educational Service Agency in Iowa (Iowa City: The University of Iowa, College of Education, The Center for Research and School Administration, 1967), p.519.

[1] For a thorough understanding of Iowa law relevant to the relationship between RESA and its constituent districts, the reader is referred to Leonard C. Abels, editor, School Laws of Iowa (Des Moines, Iowa: State of Iowa, 1966), chapter 273, 91-96.

Two additional charts are provided to clarify internal relationships within the division. Chart 2 deals with programs and services and 3 with staff.

As shown in Chart 2, it is recommended that initially there be five sections within the division: a section for special education programs, a section for pupil services, a section for managerial services, the child study center, and the division advisory council. Eventually, the three program and service sections might be elevated to departmental status, as noted on the chart, with coordinators to head each. For the present, however, these are seen as sections without heads, but with consultants in each, responsible to the division director. The designation of departments will need to be considered when the number of consultants becomes too large for the director to adequately supervise.

There should be a division staff cabinet established which initially would be made up of all consultants, the director of the child study center, and the division director, who would serve as its chairman. As programs develop and the departmental coordinators are appointed, they would replace consultants on the cabinet.

The relationships within the division are essentially "line" relationships. This is depicted with solid lines in both charts 2 and 3. The director is responsible for all programs and consultants (later coordinators) of the division. Stating this the other direction, all consultants are accountable to the director for programs and services in their respective areas. Although consultants will have a staff relationship to one another (a fact not depicted on the chart) in that they work together giving counsel, advice, and aid to each other, it is intended that they be individually accountable for developments in their respective areas.

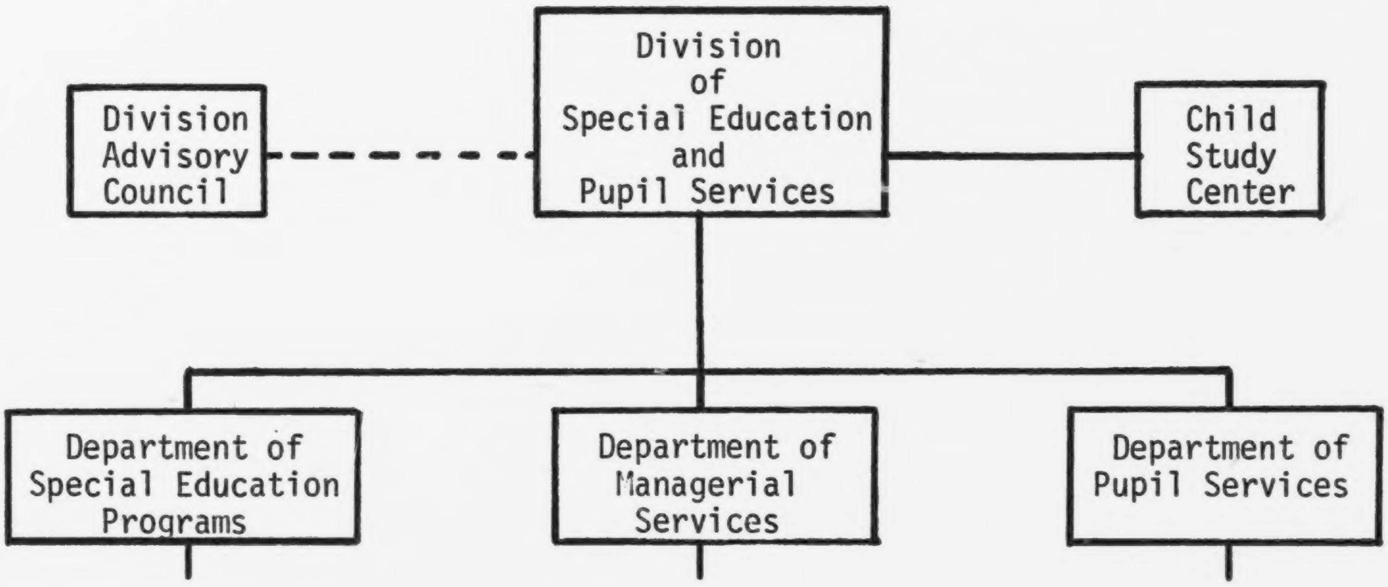
One obvious difference between charts 2 and 3 which warrants explanation is that managerial services are noted on chart 2 but no consultation provisions are made in chart 3. The intention is that the director will provide these, in the main, with specialist consultants called upon as seem appropriate. At some time in the future, when the director's responsibilities become too burdensome, a coordinator, or possibly an assistant director, should be considered. At that juncture, responsibility for providing managerial services should be reevaluated.

A staff for the division will develop through the years, small to begin but increase as budget and the availability of competent professionals allow. The variable of need is not seen as a limiting factor at this stage. In fact, priorities will be necessary since the need for personnel is already ahead of the resources for obtaining them. Long range priorities should become clear only as the division develops and as those responsible have the opportunity

CHART 2

THE PROPOSED DIVISION OF SPECIAL EDUCATION AND PUPIL SERVICES

PROGRAMS AND SERVICES


Division of Special Education and Pupil Services
Division Advisory Council
Child Study Center
Department of Special Education Programs
Department of Managerial Services
Department of Pupil Services

Educable mentally retarded
Trainable mentally retarded
Blind
Partially sighted
Speech Impaired
Deaf
Hard of hearing
Behaviorally handicapped
Physically handicapped

Financing
Staffing
Planning and evaluation
Parent education
Community agency coordination

Child study
Pupil progress monitoring
Student guidance
Counseling
Staff consultation
Pupil admission and placement
Parent consultation
Research and experimental

to appraise conditions. In this report, the authors will limit themselves to a few recommendations that might be considered short range and urgent needs for personnel.

First, obviously the appointment of a division director should precede any lesser level position, in fact, any action except the establishment of the division. Secondly, getting the child study center started by designating a director makes sense. The merit of the center seems clear, and the opportunity to move forward is enhanced by the fact that a building already exists to house it. If a person were appointed to head up the center, he could have it operational perhaps as early as the second semester of the current school year.

Which consultant appointments should take precedent over others is not clear at this point. Several are urgently needed. Priority should depend on the director's appraisal as well as the skills he brings to the division. It is probably, however, that a child study consultant (psychologist) or a consultant in mental retardation will warrant first consideration. This observation is based on the magnitude of this program within RESA and on the fact that, initially, one consultant could give leadership to both the TMR and EMR areas. Furthermore, a psychologist is mentioned because often they have competence in the mental retardation field.

Carefully constructed job descriptions will help to clarify for the consultants what their responsibilities are and to whom they report. It is to be hoped that responsibilities will be made explicit. If consultants are at all confused about what they have been employed to do, their uncertainty will be passed on to those whom they serve.

Clear descriptions for pupil services consultants are particularly important, for there are great variations in the services these specialists provide as one views the national scene. There is little by way of any universally agreed to model. Furthermore, it can be anticipated that the demand on the time of these specialists will be heavy. If not clear about their role, psychologists, for example, can be diverted into tasks which do not represent the best use of their time.

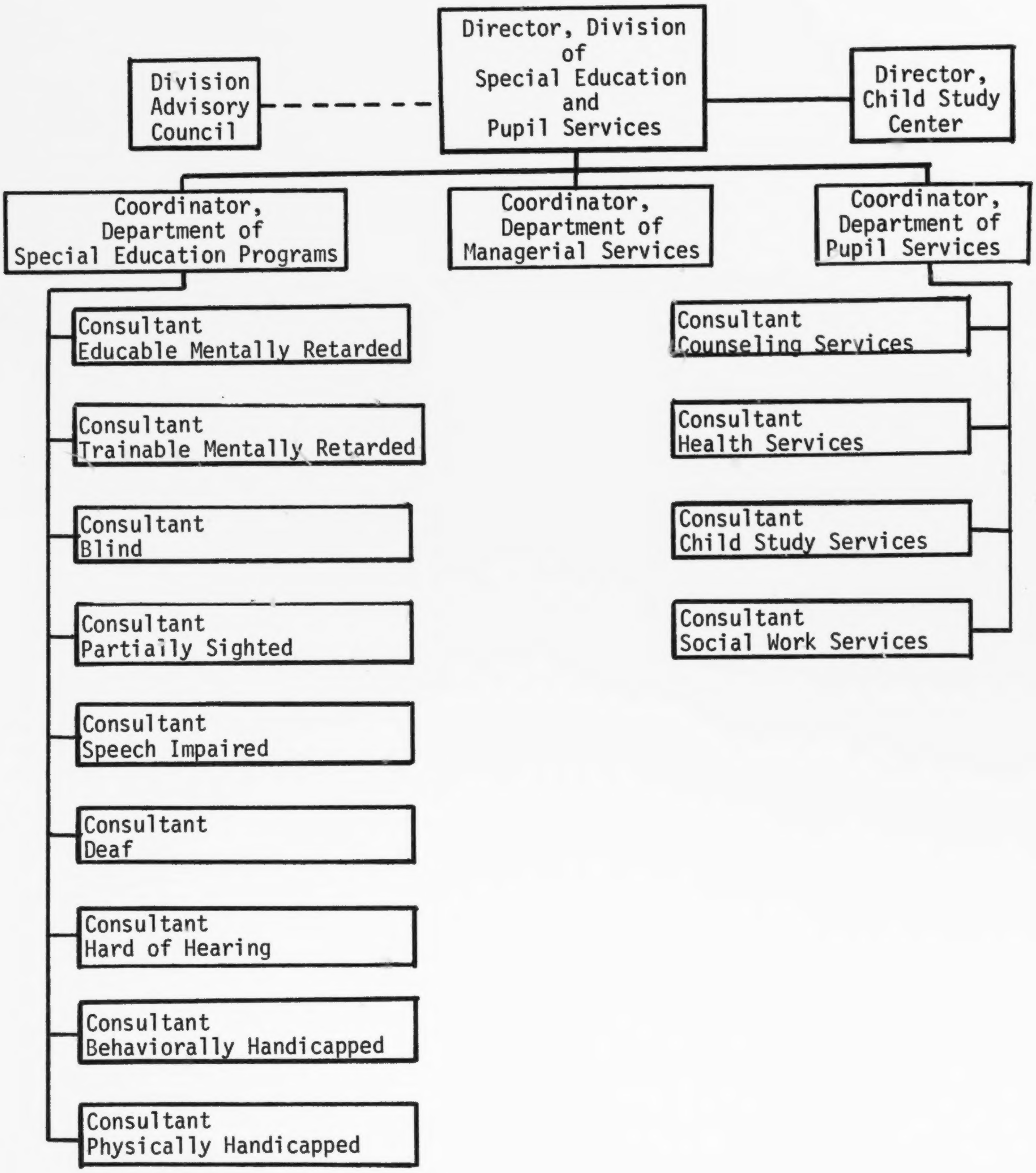
Descriptions should be tailored to the positions as they are established. There is little point in presenting elaborate lists of duties at this juncture. They should be specific and relate to conditions at the time of employment. However, an excellent outline to follow for each specialist, when needed, is presented in the State Department bulletin which explains their rules and regulations in special education. An additional advantage in referring to this bulletin is that its job descriptions specify duties and responsibilities on the basis of which state reimbursement is established.

What title is appropriate for the specialists in the division? Although of less importance than some of the recommendations offered in this report, the question of title is not to be dismissed without at least brief comment. There are many titles currently in use which often have specific meaning and are descriptive of the position. Their use, however, is often based on whim or what is popular at the time. Consideration should be given to what the title communicates. The authors recommend using the term consultant.

CHART 3

THE PROPOSED DIVISION OF SPECIAL EDUCATION AND PUPIL SERVICES

STAFF


Director, Division of Special Education and Pupil Services
Division Advisory Council
Director, Child Study Center
Coordinator, Department of Special Education Programs
Coordinator, Department of Managerial Services
Coordinator, Department of Pupil Services
Consultant Educable Mentally Retarded
Consultant Trainable Mentally Retarded
Consultant Blind
Consultant Partially Sighted
Consultant Speech Impaired
Consultant Deaf
Consultant Hard of Hearing
Consultant Behaviorally Handicapped
Consultant Physically Handicapped
Consultant Counseling Services
Consultant Health Services
Consultant Child Study Services
Consultant Social Work Services

Several points of rationale underlie this choice. First, it is descriptive of the relationship these specialists will have with those whom they serve. Consultant implies working with people, and it implies having expertise. A caution which must be noted is that this term is not unlike the word leadership; it is subject to the same misinterpretations. Effective consultants will be known by their know-how and what they deliver by way of service. Whether one goes by the title consultant or not, those whom he intends to serve will only consider him worthy if their time with him pays off.

A second rationale for recommending this term relates to a statement of the State Department of Public Instruction, "It is recommended that the titles indicated (consultant(s)) be used throughout the state to better define the role of personnel, to conform to titles used in training institutions, and for uniformity of titles within the state, to facilitate understanding and communication with school personnel, school patrons, and the community at large."[1]

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[1] Ibid, The State of Iowa Department of Public Instruction, p.19.

SUMMARY

RESA X should establish a Division of Special Education and Pupil Services. It should appoint a Director for that Division and also set up a Child Study Center with the Director. These recommendations, perhaps more than anything else that could be said, summarize the beliefs of the authors of this report.

In May of this year, following county, regional, and state level deliberations, this study was initiated using E.S.E.A. Title VI funds. Following approval of the objectives and general format by the Planning and Advisory Committee and higher-up authorities, the authors undertook several weeks of intensive interviewing to gather background information. Listening to many lay and school leaders with a variety of points of view and interest, three questions emerged as ones which the study should focus upon and for which the authors felt compelled to make recommendations. Those were:

1. How should RESA X relate to local school districts in developing programs for exceptional children?

2. What aid can RESA provide for local school districts to improve their special education offerings?

3. How should RESA organize to carry out its special education role?

In the report some findings and recommendations relevant to each of these are discussed.

The question of relationships is dealt with in Chapter I, where two statements of principle are presented. RESA and the forty-one local districts it serves are seen as a team with local schools responsible for providing for exceptional children and RESA for facilitating their efforts. RESA's raison d'etre is to strengthen local school districts and to enhance their self-sufficiency.

Two approaches are recommended through which RESA can meet its challenge. One of these is to provide, directly, some of the services which local districts want but for which they do not have the resources. A second is intended for situations in which districts are not convinced of the value of certain programs. The challenge to RESA would be to show through demonstration what they saw as its value and also how it might operate.

Following the discussion of what the relationship should be and of ways in which RESA could be of help to local districts, attention is focused on the kinds of help which are needed. Three distinct types seem to be clearly indicated: help in dealing with managerial problems, help to establish and operate programs for exceptional children, and finally, help in providing pupil services. Chapters II, III, and IV are addressed to these topics respectively.

Two major stumbling blocks prevent many districts from doing all that they would like to help exceptional children: a shortage of money and too few children of a given disability category to make programs feasible. RESA is seen as being in a position to help directly with these difficulties. Although its funds are not unlimited, it is able to share the cost of operating some of the more expensive programs and to provide for some of the supporting services. Also, it can bring districts together to combine populations of exceptional children so that programs are more feasible.

Staffing in special education and pupil services is a second category of managerial aid which RESA can provide. In addition to employing consultants who will give some direct service to schools, it is recommended that RESA help with the recruitment and staff development needs of local districts. By representing a large number of districts, RESA could operate an efficient recruiting system. A district could make use of any part or all of this system to meet local staffing requirements. A variety of staff development services are recommended, such as the development of area-wide associations for specialists, providing support for attendance to state and national conventions, and helping local districts to obtain outside support to operate in-service education programs.

A third area of managerial aid is in planning and evaluating programs and services for exceptional children. Discussing this as a "change process," the report recommends that RESA officials work closely with local communities in clarifying their goals for exceptional children, to develop and implement plans, and to evaluate outcomes as programs are made operational.

The report recommends the establishment of a Division Advisory Council to be made up of representatives from local schools and citizens. This Council would be asked to develop guidelines for planning, implementing, and evaluating special education programs.

Finally, parent education is briefly discussed as an endeavor for which increasing amounts of expertise and facilitation are needed. Not only do parents want and need help to better understand their children, but also school officials are daily becoming more aware of the necessity for working closely with parents. There appears to be a concensus throughout the RESA X area that parent involvement is increasing and that it is desirable. How to give direction to it so that greater understanding and better accommodations for exceptional children result is less clear. RESA consultants are seen helping by being available to meet with parents in local districts. In some cases consultants might even help to establish child study groups.

Establishing and operating classes for exceptional children is the second major category of help which local districts need. Several types of handicapped children are difficult to program an education for. Those with behavior problems, for example, are now beginning to receive special instructional help. Special class arrangements with teachers who have had specific training are, in some cases, providing great help. Until recently it was not known what to do. Most of these children left school prematurely or were relegated to sitting in the corner or in the principal's office. Anything and everything that would keep them out of trouble and from bothering others was tried. Even most of today's solutions are experimental and need to operate on a trial basis to begin.
For other types of exceptionalchildren, knowing what to do is less difficult. The problem is one of expense, of finding suitable space for a class, or of solving difficult transportation problems.

Chapter III provides an analysis of what is being done and what needs to be done for nine different categories of exceptional children. A census of exceptional children needs to be conducted throughout RESA X. In the present study there was not enough time to do a head count. Furthermore, the authors did not feel at liberty to do a census since it is a local prerogative and should wait until RESA is tooled up to give realistic help. Some incidence estimates of different kinds of exceptional children in the various districts, however, are projected, using national incidence figures. Also, the project staff was limited in not being able to make a thorough analysis of district by district provisions being made for exceptional children. Time worked against them, having only a few months to complete their work. The observation seems warranted, however, that despite evidence that considerable special help is being provided for exceptional children, there remains much to be done.

Dealing with nine areas of disability, the recommendations for action are far too numerous to present in this summary. But it is clear that there are a great many ways in which RESA can help: establish classes, provide financial assistance and staff time, and set up prototype demonstration programs. It is not recommended that RESA not go into the business of operating special education classes, rather that they make it possible for a local unit or group of local schools to do so. Some exceptions to his principle might occur, but hopefully even then only temporarily.

Pupil services are discussed in Chapter IV, with primary attention given to the child study area. The development of a Child Study Center is recommended as the way to serve the entire RESA area in providing educational evaluations for the most difficult cases. Having child study consultants available to all districts, either their own or through RESA, is seen as very important. They are needed to serve all children throughout the area and are essential to adequately program for exceptional children. It is recommended that RESA employ consultants to work with local districts in improving and, in some instances, establishing local child study teams. As teams develop it is envisioned that they can also serve as special education placement committees. These committees would be responsible for recommending transfers into special education, for monitoring the progress of children in special classes, and for recommending that a child be returned to his regular classroom when conditions warrant.

In this chapter as in the discussion of programs for exceptional children, an analysis of what is being provided is presented. Consideration is given both to in-school and community programs and personnel. Based on the analysis, recommendations are offered with regard to the amount and kinds of staff needed in local districts and in RESA to provide more adequately for child study services.

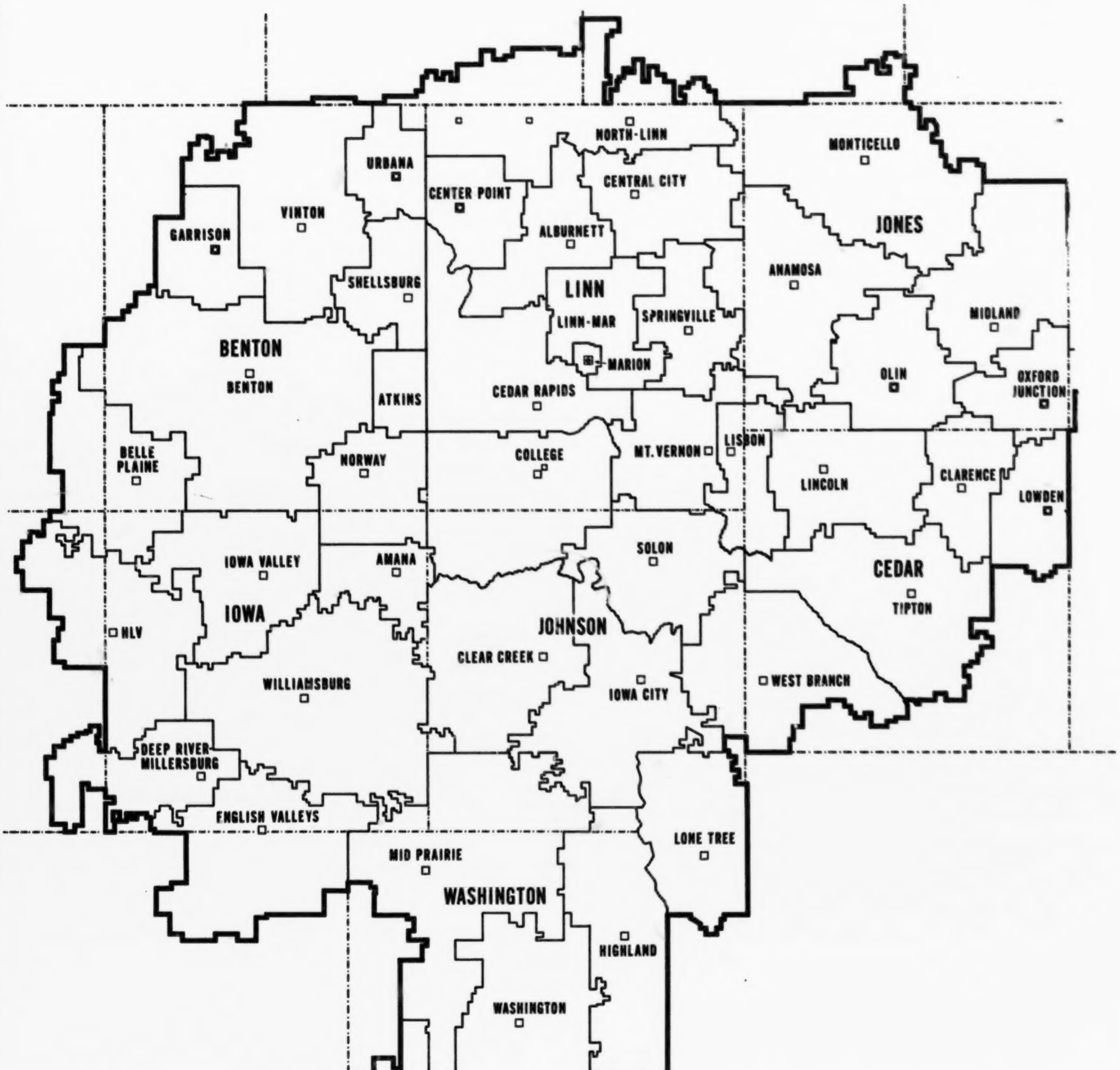
Also receiving attention in this chapter, though briefly, are several other pupil services: pupil progress monitoring services, student guidance, counseling, staff consultation, pupil admission and placement services, parent consultation, and research and experimental services. The fact that these were not treated in depth does not mean that they are viewed as unimportant. Rather, it is believed that a thorough study is called for, perhaps involving a task force of local and RESA specialists. The census program, for example, is important in providing for exceptional children and is dealt with far too briefly in this study when its importance is considered. More effort certainly needs to be given to operating systematic census and enumeration programs in local districts, and more RESA support in this regard should yield substantial benefit.

The final consideration and the last chapter of this report deals with how RESA might organize in order to have the greatest impact on special education through the seven-county area. It is in this chapter that the most important recommendations of the study appear, for the development of the Division of Special Education and Pupil Services, the appointment of a Director, and for the establishment of a Child Study Center.

Cited as rationale to justifying these recommendation, the authors point out the significance of special education as one of the most important contributions of Regional Educational Service Agencies in Iowa. Evidence already exists to indicate that a considerable portion of the budget and the staff of RESA will be directly or indirectly in the special education area. This being the case, it seems only sensible to coordinate these programs and services and to appoint someone who is responsible and accountable for their smooth functioning.

Suggestions are made as to how the Division might carry out its relationships with local school districts and, as well, what the internal structure and staffing needs of the Division appear to be.

One final concluding comment. A high and exciting challenge faces RESA leaders. There are many children throughout the area who, by virtue of a disability or handicap, need extra help in achieving an education. The basic responsibility for giving this help rests with local school officials; but they, too, in a sense, are presented with handicaps, sometimes it is a lack of money, sometimes too few children, and in other instances, not enough staff with the special know-how to do the job. RESA has the resources to make a difference. Although its funds are not infinite and staff does not yet exist in sufficient number, RESA can, through careful and consistent planning followed by decisiveness of action, open up a new era in special education. It is hoped that this present report will be seen as a springboard to that challenge.


NORTH-LINN
MONTICELLO
URBANA
CENTER POINT
CENTRAL CITY
VINTON
GARRISON
ALBURNETT
JONES
ANAMOSA
SHELLSBURG
LINN
LINN-MAR
SPRINGVILLE
MIDLAND
BENTON
BENTON
MARION
OLIN
OXFORD JUNCTION
CEDAR RAPIDS
ATKINS
LISBON
MT. VERNON
BELLE PLAINE
NORWAY
COLLEGE
LINCOLN
CLARENCE
LOWDEN
SOLON
IOWA VALLEY
AMANA
CEDAR
TIPTON
HLV
IOWA
JOHNSON
CLEAR CREEK
WILLIAMSBURG
IOWA CITY
WEST BRANCH
DEEP RIVER-MILLERSBURG
ENGLISH VALLEYS
LONE TREE
MID PRAIRIE
WASHINGTON
HIGHLAND
WASHINGTON